

Goodhue County Mental Health Needs Assessment

Capstone Paper

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Goodhue County Mental Health Needs Assessment 2019

Executive Summary



This report is an addendum to Mayo Clinic Health System's 2019 Community Health Needs Assessment (CHNA) focused on mental health and wellbeing in Goodhue County. Recommendations for improving mental health were developed based on stakeholder interviews, data and demographic analysis, and a social determinants of health framework.



RESEARCH & STATISTICS

Examined past CHNAs, Census Data, Mental Health Literature, and Comprehensive Plans



- 43% of renter and 29% of homeowners spend **over 30% of their income on housing**
- **190 suicides per 10,000** population for **10- to 19-year-olds**
- Teen birth rate is 17% overall, but is **42% for hispanic women**
- The population of Goodhue is **3.4% Hispanic, 1.5% Native American**
- Nationally, farmers experience suicide **TWICE** as much as the general population



COMMUNITY ENGAGEMENT

Included conversations with:

- 10** CARE Clinic Patients
- 5** Jordan Towers Residents
- 7** Professionals incl. healthcare providers and city planners



PERSONAS

Information from interviews and research was synthesized into 4 fictional characters whose stories represent the needs of broad populations in Goodhue County



Frank
Farmer



Rosalina
Latinx



Abbie
Youth



Robert
Elder

From the persona stories, **8 Core Issues** affecting their mental health were identified:

HOUSING

MOBILITY

ISOLATION

IDENTITY

GENERATIONAL

NAVIGATION

RESILIENCE

STIGMA



RECOMMENDATIONS

- 1 Engage the community in the development of solutions
- 2 Utilize creative tools and techniques to reach new communities around mental health and illness
- 3 Strengthen partnerships with community organizations that meet residents' needs
- 4 Evaluate and support transportation and mobility options in Goodhue County including transit, walkability improvements, and ADA access
- 5 Evaluate and support affordable housing initiatives in Goodhue County
- 6 Implement comprehensive, community-based resilience programs and interventions

Core Issues
Addressed



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Project Timeline & Activities



Figure 1: Detailed Project timeline

INTRODUCTION

In the fall of 2018, students from the Humphrey School of Public Affairs (“the capstone team” or “the team”) approached the Public Affairs department of Mayo Clinic Health System about the potential to collaborate on creating a capstone project to be executed in partial fulfillment of the requirements for the degree of Master of Urban and Regional Planning.

The scope of this project was to contribute to Mayo Clinic Health System (MCHS) Community Health Needs Assessment (CHNA), by focusing on Mental Health in Goodhue County. Since January of 2019, Master of Urban and Regional Planning students and one Master of Public Health Student, have worked to complete a final report which produced recommendations for how MCHS can collaborate and innovate to improve mental health for Goodhue County residents. A full timeline of the scope of work can be seen in [Figure 1](#).

What is a Community Health Needs Assessment?

Community Health Needs Assessments are a requirement of the Patient Protection and Affordable Care Act of 2010, which requires that every three years, tax-exempt hospital systems evaluate the needs of the communities that they serve in order to maintain tax-exempt status (Internal Revenue Service, 2015). As a part of the CHNA, hospital systems must do four things:

- 1 Define the community that the hospital serves
- 2 Assess the health needs of that community (hospitals have flexibility in determining what the most urgent needs are)
- 3 Consider community input from at least one state, local, or regional governmental public health department, members of medically under-served, low-income, and minority populations in the community, or individuals or organizations serving or representing their interests, and any written comments received regarding the hospital’s most recent CHNA.
- 4 Document the aforementioned items and publicly display the document on the hospital system’s website

Large healthcare organizations such as MCHS must do this process for each individual hospital location. This means that in 2019, MCHS hospitals located in Mower, Goodhue, and Freeborn Counties much engage in the CHNA process. It was the original intent of the capstone team to execute mental health CHNAs in all three of these counties, however, given time constraints, it was determined that the team would only select one county. MCHS recommended Goodhue County as MCHS staff felt that there were many positive initiatives around mental health occurring in this county as well as the major city of Red Wing.

Report Contents

This final report contains the following sections: the frameworks the team used to situate the work, including a literature review of principles of effective community engagement with a specific focus on rural community engagement; an overview of the community context and the insights gained from existing planning and health assessment documents; the methodology which describes the process used during the engagement phase; an overview of the ways in which the team used data to develop personas and core issues as a mechanism to communicate what was discovered during engagement and develop solutions; the recommendations for the CHNA; and finally, other needs the team identified through interviews that are not addressed in CHNA recommendations.



In addition, there are four appendices with additional documents related to the plan presented. The reason for using appendices is to keep the body of the document short while making it easy to find documents that were used for the engagement process as well as provide resources. [Appendix A](#) includes the full, original Community Engagement Plan as well as the appendices which were a part of that plan. [Appendix B](#) includes the full set of data gathered from interviews. [Appendix C](#) includes the materials used during the focus group session, including the original personas and slides. [Appendix D](#) includes additional needs identified through engagement that could not be addressed within the scope and context of a CHNA. [Appendix E](#) includes additional resources from case studies or any other information that may help MCHS with future work.

FRAMEWORK & APPROACH

The Capstone team's combination of public health and urban planning experience grounds the engagement approach and techniques as well as the recommendations in a variety of frameworks and literature. The public health frameworks include the mental health/mental illness distinction; the social determinants of health; the social-ecological model; and health promotion. These frameworks inform a literature review of the principles of high-quality engagement, with a specific focus on engaging people in rural contexts. All of these frameworks and literature provide the backbone for the work presented here.

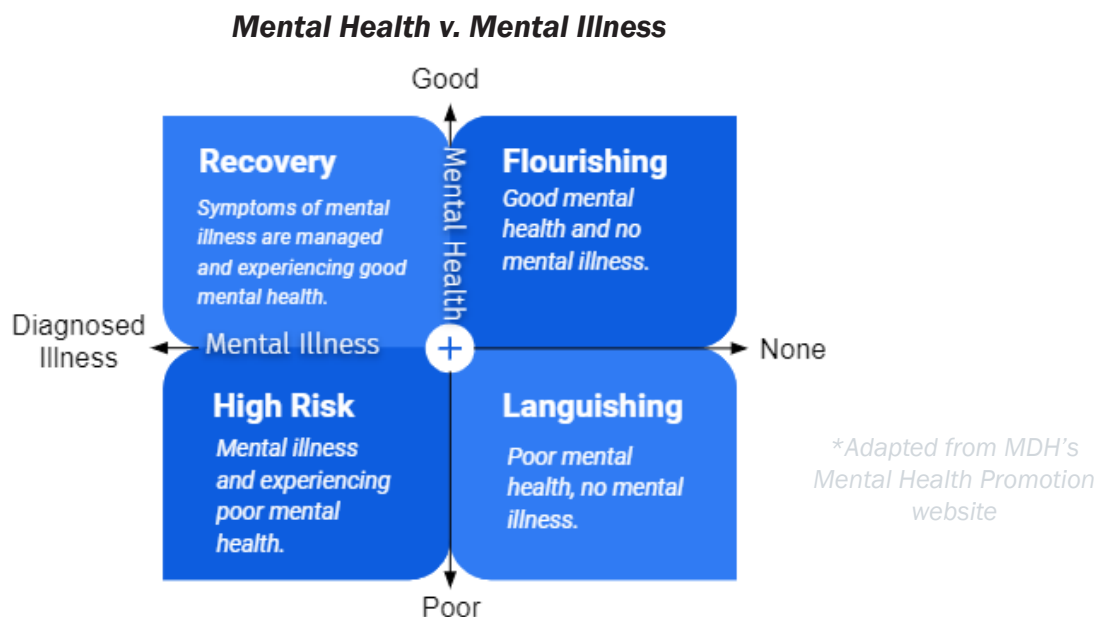


Figure 2: Mental Health versus Illness Matrix

The first and most important framework is the distinction between mental health and mental illness. Mental health refers to “state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2001). This is separate from mental illness, which refers specifically to diagnosed conditions which may require medical intervention to manage symptoms. A person’s mental health and mental illness are separate, and therefore, an individual can have a mental illness but still achieve a high level of mental health (Keyes, 2002). See [Figure 2](#) for an illustration of the ways that mental illness and mental health intersect. This project is primarily concerned with mental health, rather than mental illness, because mental health can be more directly impacted through urban planning work.

Social Determinants of Health

The social determinants of health is another key model which posits that health is primarily determined by factors that exist outside of healthcare (Northridge et al, 2003). As seen in [Figure 3](#), If clinical care accounts for 20% of a person's health, social and economic factors, health behaviors and the physical environment make up the remaining 80%. Urban planning and policy decisions impact aspects of all three categories within the remaining 80%, including housing, transportation, education, employment, and the physical environment, among many others.

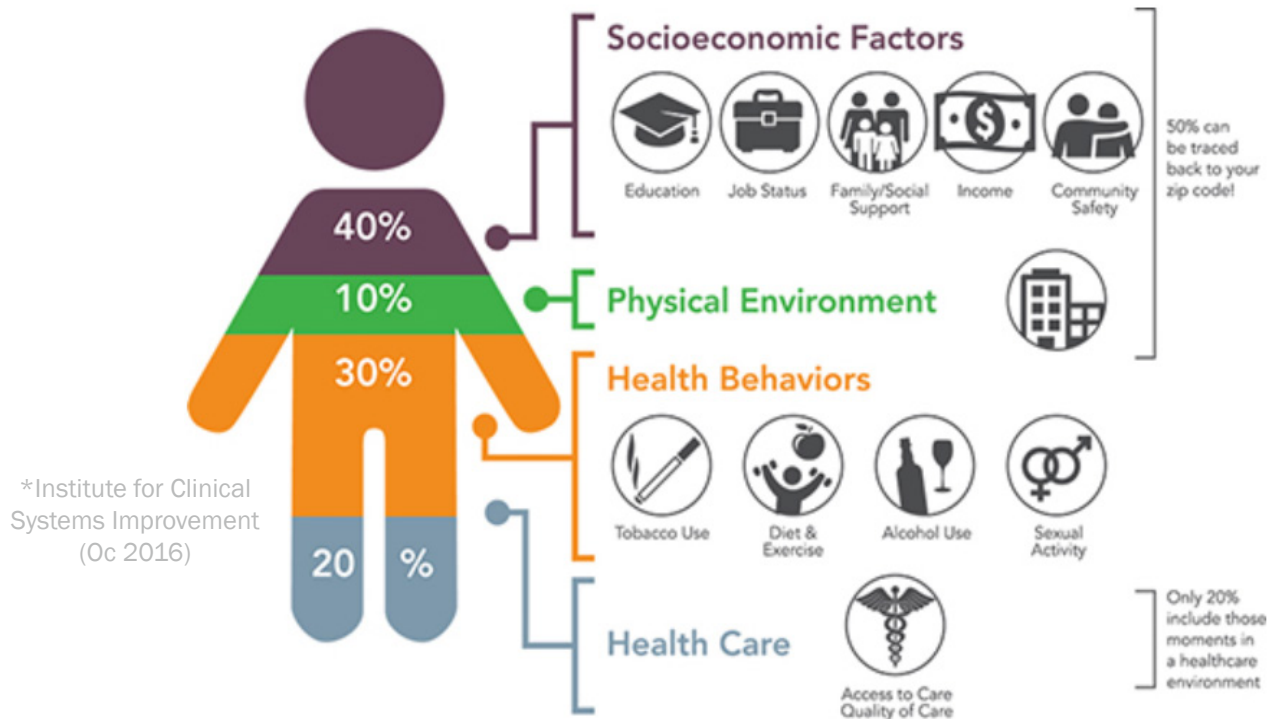


Figure 3: Social Determinants of Health Framework

Social determinants of health are typically discussed in relation to physical health. However, many scholars posit that part of the mechanism behind the physical health impacts of the social determinants of health is related to the stress that they generate, and the social support that they inhibit or encourage (e.g., Northridge et al, 2003). As such, it is reasonable to consider all social determinants of health as having a relationship to mental health and wellbeing.

Social determinants of health also exist at a variety of levels within the social-ecological model. Ecological models help integrate multiple theories, and posit that there are multiple levels of influence on behavior - the most general levels are individual, interpersonal, organizational, community, and policy (Sallis et al, 2015). For example, an individual's level of physical activity is dependent on individual factors like their demographics, genetics, and psychological state; interpersonal factors like their family situation; community/institutional-level factors related to their physical environment (walkability, sidewalk quality, destination density) and their social environment (social acceptability in their workplace of walking during lunch); and policy-level factors (zoning, development regulations, and investments made in bicycle/pedestrian facilities) that determine that physical environment (Sallis et al, 2015). All of the social determinants of health exist and are operationalized on multiple levels, and so must also be addressed on multiple levels.

Community Engagement

The final key concept is that of mental health promotion. The function of health promotion work is to modify determinants of health in addition to working to change behavior (Herrman and Jané-Llopis, 2005: 42). Mental health promotion specifically seeks to “raise the position of mental health in the scale of values of individuals, families, and societies so that decisions taken by government and business improve rather than compromise the population’s mental health” (Herrman and Jané-Llopis, 2005: 42). This is to say that one of the specific goals of mental health promotion work is to change the policy and systems environment, and not simply help individuals build personal skills.

Mental health promotion is also designed to address health equity in an “empowering, collaborative, and participatory manner” (Jané-Llopis et al, 2005). This is important because participants in engagement see positive mental health outcomes associated with feeling a sense of mastery or control over their environment (Israel et al, 1994). This means that doing high-quality community engagement and empowering residents of the community itself is a strategy to improve mental health in that community. This idea is embedded in all of our recommendations.

One of the most important components of mental health promotion is its emphasis on community engagement. As such, it is important to understand what high-quality community engagement consists of, and therefore, important to situate the work within the existing literature. Particularly because this project sought to engage a rural community, it was important for the team to investigate the ways in which engagement for this group differs from other types of engagement.

Community participation has received interest from planners, policy makers and those interested in healthcare redesign for over fifty years. Those engaged in policy-making and program development have utilized a wide range of engagement practices. Scholars agree that community engagement encourages residents in rural and remote areas to engage with their own health (Kilpatrick, 2009; Vinod, 2004). Much of the research that has been done around the benefits of community engagement shows three fundamental positive outcomes; understanding and awareness of issues, community empowerment, and a higher level of trust in service professionals (Jo & Nabatchi, 2019). A study by Jo and Nabatchi showed that collective co-production and community participation can significantly increase issue awareness, empowerment, and trust (2019).

First, participation provides a level of education about a given issue. This education then helps communities develop a better understanding and awareness of issues and consequently communities value the issues with a greater level of importance (Pincock et al, 2012). This newly created level of understanding, awareness, and importance can be especially essential when engaging with communities around sensitive topics like mental health.

Secondly, engagement provides communities with a stronger sense of empowerment that is only obtained through the ability to co-produce or co-construct processes which have otherwise been inaccessible to them (Bryson et al, 2013; Kegler et al, 2008). By providing spaces for communities to engage in processes such as service design, residents are able to be empowered through active citizenship (Denhardt, 2000). Conversely, this creates policy makers and health care organizations which are less bureaucratic and that build better relationships. As stated above, community empowerment is especially important because it can help participants feel a sense of control or mastery, ultimately promoting positive mental health outcomes (Israel et al, 1994). Engagement itself can be a tool to promote mental health.

Finally, engagement creates a deeper sense of trust between residents and the service professionals with whom they interact. Studies show that when communities co-produce services or innovate alongside

professionals, they are more likely to be satisfied with the services provided to them (Voorberg et al, 2015). In rural areas specifically, research shows that community participation often strengthens these relationships (Kenny et al 2013).

Engagement in rural communities can add a level of complexity - when doing community engagement as residents may be more conservative and suspicious of change. Kilpatrick asserts that health professionals play a unique role which, “can help align expectations of health service and community, so as to produce a system that is responsive to community needs in a way that is consistent with both community and health system norms and values” (2009). Local health providers likely have unique insights into the community mindset, but they will also likely need additional support from the broader health care organization to build the skills necessary to best engage with communities (Farmer, 2007).

Criticism of rural community engagement often lies around the concept that an outside group, which is often a group that holds some amount of power, tries to do engagement using processes that are not common amongst rural residents (Crawford et al, 2002; Cornwall 2008). This can include formats that are hard to understand and are uninviting or presentations given in a language that is not understood by participants which creates alienation and disengagement (Kenny et al 2015).

These challenges can be alleviated when those working with communities recognize that “engagement is a process of trust and relationship-building rather than a one-off intervention and that, once trust is gained, it requires ongoing mutual commitment” (Nimegeer, 2011). Building awareness, empowerment, and trust are important, especially when addressing issues that consistently plague communities. Those working to engage with residents must understand that this work takes time and must be authentic, engagement must be proactive and constant, not reactive and irregular. Only through continuous engagement that values community voice will the benefits of community participation be realized.

This project and its recommendations seek to address the social determinants of mental health at a variety of levels within the social-ecological model through mental health promotion. High-quality community engagement is a necessary prerequisite to any mental health promotion work. As such, all recommendations in this document require high-quality community engagement in order to be implemented and to promote mental health most effectively in all communities.

BACKGROUND & CONTEXT

To understand existing needs and previous recommendations, an analysis of documents from the MCHS, Goodhue County, and the City of Red Wing was conducted. This analysis informed the interview questions developed, the stakeholders selected for engagement, and ultimately, the personas and recommendations developed. Additional analyses of these documents were conducted once the engagement was underway so that the capstone team could glean more insights given what was learned from engagement.

Goodhue County Demographics

Goodhue County lies in MCHS' Southeast Minnesota Region and is primarily served by MCHS in Red Wing. The population of Goodhue County has been steady over the past decade and has neither grown or shrunk substantially. The US Census Bureau estimates for 2018 for Goodhue County indicate that of the 46,183 residents, 94.7% are white. Hispanic residents are the largest minority group at 3.4% of the population, followed by Black and American Indian, both at about 1.5%. The City of Red Wing is the county seat and its largest city with a population of 16,334. The 2018 estimates by the U.S. Census Bureau report that 22.4% of the population is under 18 years old, and 19.1% are 65 years old or older. The median household income is \$62,431. Many Goodhue County residents live and work on rural farmland, and in small cities like Red Wing.

Analysis of Previous Studies

Community health assessments done by MCHS and Goodhue County and a city comprehensive plan have helped the team to understand known concerns of Goodhue County residents as well as how MCHS and city/county governments have addressed these issues in the past. While the team read many city, county, and MCHS documents to contextualize the project, The following key documents were used to ground to the original Community Engagement Plan, and this final report:

- Red Wing 2040 Comprehensive Plan (2018)
- MCHS 2016 Red Wing Community Health Needs Assessment (2016)
- Goodhue County 2017 Community Health Assessment (2017)

These documents revealed that many of the concerns that Goodhue County residents have are related to mental health and wellbeing. Concerns about mental health involve access, transportation, affordability, stigma, economics, and information gaps. The lack of services available for mental health and chemical health treatment were also common issues in all reports. A lack of affordable health care service and insurance options also presents barriers to treatment. Members of the public are also aware that factors outside of clinical treatments, such as poverty, active living, and healthy food options, can have a profound effect on their mental health.

To address these issues, the 2016 MCHS CHNA recommended improving communication of services they offer by creating county-wide resources and increasing education through social media. Additionally, they hired more licensed social workers and mental health providers to increase access to care and to accommodate patient needs in clinics.

Red Wing also recommended adding mental health services and resources for those with chemical dependencies. They had a strong focus on active living and programming as well. Red Wing hopes to encourage active living through public realm improvements and capital projects. Additionally, they propose



offering more programming, such as sports leagues and youth programs, to encourage a more physically and socially active lifestyle.

Goodhue County had higher-level proposals for dialogue and education. They want to expand the conversation around the impact of poverty on mental health outcomes, reduce barriers to mental health care, and authentically engage under-served populations. Detailed notes on the needs identified in each plan, as well as specific language around recommendations, can be found in the appendices of the original Community Engagement Plan in [Appendix A](#) of this document.

Through the engagement and research, the team heard about many community traits unique to Goodhue County. The economy is strong in Goodhue County with a low unemployment rate compared to the state average. It is attracting many people to the area but the divide between the wealthy and the poor is increasing. This is exacerbated by the high cost of housing. Goodhue County is becoming more culturally diverse. The Spanish-speaking population is growing rapidly in Goodhue County but this growing demographic faces many issues there, including a lack of access to drivers licenses, high rates of teen pregnancy, and limited access to services. In Goodhue County, suicide and suicidal ideation are major problems for youth and farmers but for different reasons. Youth in Goodhue County may be bored and have a hard time seeing a future for themselves in Goodhue County. Farmers, on the other hand, are facing economic hardships and must recreate identities after being forced into new occupations and sometimes bankruptcy. These unique characteristics were embedded into the personas, which will be discussed in more detail in the following section.

COMMUNITY ENGAGEMENT METHODOLOGY

The team planned for the community engagement to consist of three different strategies:

- Semi-structured stakeholder conversations
- Intercept Interviews
- A seminal focus group

There were ultimately seven semi-structured stakeholder conversations, 15 intercept interviews, and six participants in the seminal focus group. Details of each of these methods are included below.

Semi-structured stakeholder conversations occurred both in person and over the phone. These took place with non-profit employees, public health practitioners, healthcare providers, and urban planners. Each conversation consisted of questions specific to themes that were identified through the team's preliminary analysis of existing CHNAs and other public documents. The full sets of questions available in the appendices of the original Community Engagement Plan, in [Appendix A](#) of this document. Though specific questions had been identified, the team also allowed these conversations to be organic. Seven stakeholder conversations were ultimately conducted.

Intercept interviews occurred at Jordan Towers, a local low-income apartment building, as well as at the free Tuesday C.A.R.E. Clinic. At Jordan Towers, the interviews were held one-on-one with three residents as well as with two professional staff members at these centers. Interviews at the C.A.R.E. Clinic were administered in both English and Spanish and were conducted with ten waiting patients. These questions were also a result of the team's preliminary analysis. The intention of intercept interviews was to catch a greater number of people but to have less in-depth conversations with each individual. The full sets of the questions are available in the original Community Engagement Plan, in [Appendix A](#) of this document.



The stakeholder conversations preceded a seminal focus group. Stakeholders from previous engagement activities were invited to this focus group, with the exception of C.A.R.E. Clinic patients. Here, the team shared what was heard from participants during the conversations and interviews in the form of personas, and asked for feedback about whether or not the personas captured real Goodhue County residents correctly. The team then shared preliminary recommendations for MCHS with the participants. The remainder of the time was spent allowing the participants to react to the recommendations that the team provided around improving mental health outcomes in their community.

Connecting to stakeholders was handled by a single capstone team member. When possible, MCHS partners connected the team directly to stakeholders and provided an email introduction to the project. Intercept interviews at Jordan Towers and the C.A.R.E. Clinic were only made possible through the partnership with MCHS.

The team followed best practice regarding data storage and confidentiality. This included utilizing a consent form that explained the purpose of the project, the voluntary nature of participation, and the confidentiality of the data. For the semi-structured stakeholder conversations, the team emailed the consent form to participants in advance of the interview. During intercept interviews, the team presented participants with a physical copy of the consent form in their native language and encouraged them to read it. In both conversations and interviews, the team asked all participants if they had questions about the project before asking them to verbally consent to be interviewed.

Semi-structured stakeholder interviews were conducted in person or by phone. In some cases, participants were sent a copy of the questions they were going to be asked ahead of time along with the consent form. In-person and phone interviews had a dedicated note-taker and when available, additional group members to ask questions. If a team member was alone on a call they were charged with both conversing and taking notes. In all interviews, note-takers were free to interject with questions or comments in the conversation.

Intercept interviews were conducted in an open area at both Jordan Towers and the C.A.R.E. Clinic. Each space had the option of retiring to a more private room depending on the participants' preference. Intercept interviews conducted in English were orchestrated with a team that consisted of an interviewer who would ask questions, and a scribe that would take notes. Spanish language intercept interviews were limited to a single person to both ask questions and take notes. Intercept interviews at the C.A.R.E. Clinic took place with patients who were awaiting care. Intercept interviews at Jordan Towers took place in an entryway and they were advertised to residents weeks in advance.

Uniform data analysis was key to interviews with heterogeneous participants and a brief timeline. To aid the team in data analysis, a notes sheet was created which helped to organize notes into themes that the team anticipated hearing comments on. These themes were Communication, Stigma, Access, Place-Based, Transportation, Economic, and Other. A copy of this note sheet is available in the appendices of the original Community Engagement Plan, in [Appendix A](#) of this document. After each interview, a short discussion occurred to make sure the note-taker did not miss any key points from the conversation. Interview data was then quickly transcribed into a database where each participant was matched with a separate key document to protect the participants' anonymity. Full interview data without identifiers are available in [Appendix B](#).

After the interviews were completed the team reviewed the qualitative data to look for issue themes. These initial themes were discussed with MCHS partners. When developing materials for the focus group, it became clear that the team needed a more innovative method of sharing the data that was gathered than simply presenting it in table format. It was at this point that the group decided to develop personas as a tool



to demonstrate issues affecting different groups of residents in Goodhue County. These personas would be a key operative factor in the coming focus group.

The seminal focus group took place in Jordan Towers and all participants who were previously interviewed were invited with the exception of participants from the C.A.R.E. Clinic. the team did not ask for contact or personal information from C.A.R.E. Clinic patients as a strategy to increase the likelihood of their participation. Jordan Towers was strategically selected as the site for the focus group to encourage Jordan Tower residents to attend. Six participants attended the working group; the director of community engagement, a Jordan Towers Resident, a team member from Make It OK Goodhue County, a Red Wing city planner, and two staff members from Jordan Towers.

Attendees of the focus group received a brief overview of the project's aims and activities to date. The bulk of the focus group time was used for attendees to react to personas, and to discuss potential recommendations for them. A guided discussion took place after the team shared the personas' stories, and after each recommendation. The slides and original personas presented during the focus group are available in [Appendix C](#). The feedback gathered through this focus group guided the remainder of the project, and resulted in revised personas that more accurately reflected Goodhue County residents, and also new recommendations that were more grounded in these personas.



PERSONAS & CORE ISSUES

During the engagement process, the team had performed a stakeholder analysis (see the appendices in the original Community Engagement Plan, which is in [Appendix A](#) of this document) and the team sought to identify stakeholders that either (1) had particularly salient knowledge or experience related to mental health, (2) had traditionally been underrepresented in MCHS' engagement efforts, or (3) that the team knew to be particularly at risk for mental health issues through the literature. Many of the interviews and conversations highlighted the mental health challenges of the same specific populations identified through the stakeholder analysis. This included the Latinx community, youth, older adults and rural residents.

Using the interview data, as well as demographic and statistical data, the team created personas, or fictional characters, which represented the synthesis of the information which had been collected. The team worked to weave together the things the team had both heard and researched to create four personas who were meant to be both realistic and familiar. The personas each have a background stories, attitudes toward mental health, and some kind of tipping point or pain point that might motivate them to pay more attention to their mental health. The intent was that any of the four personas might sound like someone a Goodhue County resident might know, as well as create a level of sympathy and understanding of the issues that the persona is dealing with. Additionally, when designing solutions, the personas allowed the team to better connect the needs, experiences and goals to the recommendations (Cooper, 2006: 137-144). Once the team had written the personas, it was then possible to think about how any recommendations might directly impact their lives.

After creating the personas, the team then identified the core issues that each persona was dealing with. Each persona has three core issues, and some of the personas share core issues but in slightly different ways. This resulted in a total of eight issues which were:

- 1 ISOLATION** This theme crossed generations and interviewees indicated that both school aged children and seniors in Goodhue County are feeling isolated by lack of opportunity or lack of mobility. The team defined this as *"physical, social, or emotional separation which causes loneliness."*
- 2 STIGMA** While organizations like 'Make it OK' have made steady progress in combating stigma, and generally youth are more open to discussing mental health, in other communities like rural areas and the Latinx population residents still have a high amount of stigma around talking about these issues. This issue was defined this as *"discussing mental health is uncomfortable and/or impossible."*
- 3 RESILIENCE** Interviewees commented that issues in accessing care made receiving treatment like counseling or therapy difficult to attain. Providers especially felt that for many people the difference between being mentally well and unwell could often be bridged by creating better coping mechanisms to deal with difficult events. This issue was defined this as the *"lack of capacity to recover after stressful events through good coping skills and social support."*



- 4 GENERATIONAL** This theme emerged as a subset of resilience and the team defined this as *“Unhealthy coping mechanism are passed down through generations, compounding emotional issues over time.”* Many interviewees said that for youth especially, skills around resiliency had not been learned from their parents and that this compounded their inability to rebound after hardship.
- 5 NAVIGATION** For many Goodhue County residents, simply understanding what resources are available to them can be a significant barrier to accessing care. This can be even more challenging for the residents in the community who do not speak English well or at all. After interviews, the team defined this theme as the *“inability to access services, care, and move through daily life.”*
- 6 IDENTITY** As demographics continue to shift in Goodhue County, certain populations are holding tight to their identities. Through interviews, the need to talk about mental wellness within cultural contexts was brought up as an important way to reach diverse populations. This issue was defined as the *“disconnect between discussions of mental health and cultural contexts.”*
- 7 HOUSING** Housing as a core issue was identified after housing security was brought up as a stressor for community members in nearly every interview. Like many places in Minnesota, Red Wing and Goodhue County struggle to have affordable housing options for those most in need. The team defined this as the *“shortage of safe and affordable housing options within Goodhue County.”*
- 8 MOBILITY** Similar to housing, mobility and transportation were often brought up as a barrier to mental wellbeing. Interviewees identified the lack of mobility and transportation as a contributing factor to isolation and loneliness. The team defined this issue as *“topographic, seasonal, and vehicular challenges to independently navigating Goodhue County”* because aside from vehicular transportation, many interviewees mentioned the challenges to even walking on the sidewalks or streets due to conditions.

Once the team had personas and the core issues defined, the team could begin thinking about targeted recommendations which would better the mental wellbeing of these specific personas. Because each of the personas represents a portion of the population of Goodhue County, by designing for one persona the team was actually designing recommendations for many residents.

Finally, the personas were used to test the research and validate if the team had heard the interviewees correctly. As previously mentioned, the team led a seminal focus group where the personas were introduced, along with their core issues and the recommendations developed to resolve them. Feedback on the personas and the recommendations were incorporated into the final presentation and document.

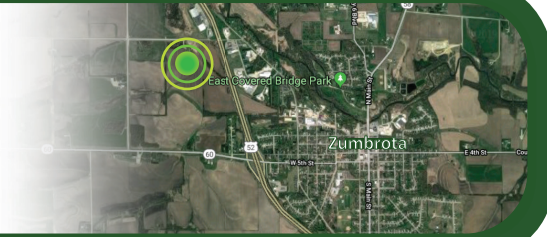


Frank

Frank has been a farmer his whole life. His farm is located north of Zumbrota off 52 and has been in his family since the 1800s. Frank learned to farm from his father and grandfather. He always thought he'd pass the farm on to his children, his son Ben works with him now, but as the industry changes Frank fears they might both need to find new careers. Each year crops seem to sell for less, the barns are older and need repairs and farm equipment seems to get more and more expensive. Plus, Frank has to deal with new expenses he never planned for like having a cell phone or the Internet. Frank skipped out purchasing Internet though, it's not very reliable and he doesn't feel like he has a need for it anyway. At this stage in life, Frank can't imagine what he'd do if he had to give up the farm - what kind of career is out there for someone his age.

Ben lives in nearby Zumbrota and a few years ago, Frank's wife got sick and passed away, so he spends much of his time alone on his 300 acres of land. Frank wouldn't say he's lonely if you asked him, he doesn't even feel like he can tell his boys that he'd like to see them more. Frank doesn't have many friends either, especially since his closest neighbor Al committed suicide after he couldn't find a buyer for his milk and was going to lose the farm. Al isn't the only farmer Frank knows that has committed suicide, but no one seems to talk about it unless they're gossiping. Ben wanted him to talk to someone about losing Al and all the stress he can see his father facing, but Frank was against it. Ben was frustrated by his father's lack of interest in getting counseling, but when he researched therapists he realized the closest one was more than an hour away and wasn't taking patients. With those obstacles, Ben gave up on trying to push his dad to seek help.

Frank finds solace walking the farm with his black lab, Ranger, and staying active when his mind feels restless. He feels like even on the worst days, a long walk on his land always makes him feel more at ease and less stressed.



56 Years Old • Zumbrota • Farmer • White

Key Statistics

In the U.S, Farmers experience suicide at **TWICE** the rate of the general population
(CDC)

More than a quarter of men in rural areas reported that they socialized with others less than once a month
(Rural Health Research Center)

Core Issues

ISOLATION

Frank is isolated and lonely, especially after the suicide of another farmer. His son tried to get him help, but there weren't any providers even if Frank had agreed. Frank also doesn't have internet, so telehealth options aren't available to him.

STIGMA

Frank is unable to talk about how stress and loss are affecting him. He knows that people gossip about mental illness and he won't talk to his family about it.

IDENTITY

Frank's life depends on farming, but it's increasingly difficult to keep up the costs of his farm. Stress about finances and the farm are contributing to decreased mental wellness.



Austin • Imihy • McSorley • Thompson



Rosalina

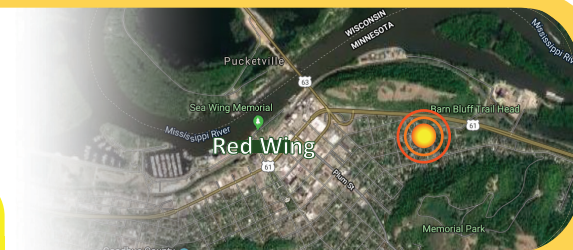
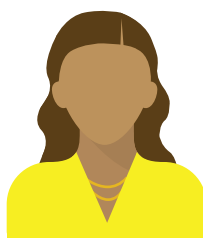
Rosalina is a mother of two and is happily married in downtown Red Wing. She immigrated with her husband 15 years ago from Mexico. Rosalina and her husband are trying hard to make ends meet, they each work two jobs but they make less than native-born locals for comparable work. Rosalina is resilient, she enjoys gardening and music. She believes that hard work and faith are the only things that can help you overcome your problems.

Rosalina is a bit of a worrier. She worries about healthcare, she isn't a citizen so she can't buy insurance through the affordable care act. Rosalina and her husband work under the table so they don't get insurance through their jobs either. She doesn't understand the US healthcare system and relies on word of mouth from friends at church for services as well as Hispanic Outreach or as it is commonly known Servicios Los Hispanos.

Rosalina also worries about her children. She is close with her kids but as they are entering their teens she understands their culture less and less, they speak more English than she does and they are ashamed to speak Spanish in public. Her daughter is dating and she worries that her daughter will become pregnant and drop out of school like some of the other girls in her neighborhood.

Finding a house in Red Wing was hard. When Rosalina and her family moved to Red Wing they didn't have any rental history to provide landlords. Rosalina and her husband work hard to pay their rent but they are afraid that if rent prices keep going up they will not be able to find a place to live in Red Wing that they can afford. They would apply for Section 8 housing but they have heard only US citizens qualify.

Finally, Rosalina worries about migration officers, she and her husband are not US citizens but their children are. She and her husband can't obtain drivers licenses but they need to drive to get to work. If they are caught and sent back to Mexico, they could face violence while leaving their children alone in the US. Rosalina would like to spend less time worrying but in her culture these issues aren't discussed.



41 Years Old • Red Wing • Latinx
Undocumented • 2 kids

Key Statistics

The population of Goodhue County is **3.4% Hispanic, 1.5% Native American** and growing (5.3% & 2% in Red Wing, respectively)

(U.S. Census)

Teen birth rate is 17% overall, but is **42% for Hispanic women.**

(GC Adult Health Survey 2018)

Core Issues

IDENTITY

Difficulties navigating the cultural differences between Rosalina's Mexican upbringing and Goodhue County compound the effects of other stressors in her life.

NAVIGATION

Because Rosalina doesn't speak English she has a hard time navigating the healthcare system, she doesn't have insurance, and seeking care for herself and her family can be really challenging.

STIGMA

She wants to stop worrying so much, but in her culture, people don't talk about mental health issues.



Austin • Imihy • McSorley • Thompson



Abbie

Abbie is a 9th Grader at Red Wing High School. She lives with her younger brother and her mother. Her mother has a good job at the Red Wing Shoe Factory and owns a home outside of downtown. She is a loving mother, but she struggles with emotional issues and doesn't recognize that Abbie has some of her own.

Abbie has a tight-knit group of girlfriends that she has known since she was very young. They don't drink or do drugs but know people that do, and are almost bored enough in Red Wing to try it themselves. They lost a close friend to suicide the year before while they were still in middle school, and have all been struggling since then. Abbie is comfortable talking about her mental health with her friends, but it doesn't make her feel better.

She visits the school counselor when she feels overwhelmed, but the counselor has suggested she needs to develop better coping skills. She would like to do this, but doesn't know how to begin, and doesn't think that her mother would be able to help. Her mother doesn't know that she has seen the counselor a few times, and Abbie is desperate to keep it from her. Abbie has heard stories of people getting kicked out of their homes because they sought treatment for mental health issues. While she doesn't think that her mother would do that, Abbie is still afraid to broach the topic with her. Abbie can see that her mother doesn't understand her own mental health needs, and Abbie can't imagine that her mother would encourage her to get more support. Anytime she has brought up feeling lonely or bored, her mother just pushes her to be more involved with sports and activities at school.



15 Years Old • Red Wing High School
9th Grade • White

Key Statistics

190 suicides per 10,000 population for
10- to 19-year-olds in Goodhue County.

(GC Adult Health Survey 2018)

By 8th grade, **15%** of the female population
is reporting that they have been treated for a
mental health problem in the last year.

(GC Adult Health Survey 2018)

Core Issues

RESILIENCE

Despite talking openly about mental health with her friends, Abbie isn't building good coping skills by complaining. And, she isn't sure what that would look like anyway.

GENERATIONAL

Her family never talks about mental health so Abbie doesn't know how they might respond to the challenges she's facing. Abbie's family has their own issues that she can see they aren't addressing which leaves her feeling helpless.

ISOLATION

Abbie and her friends feel bored and lack things to do in Red Wing. It makes her anxious about what kind of future she might have there.



Austin • Imihy • McSorley • Thompson

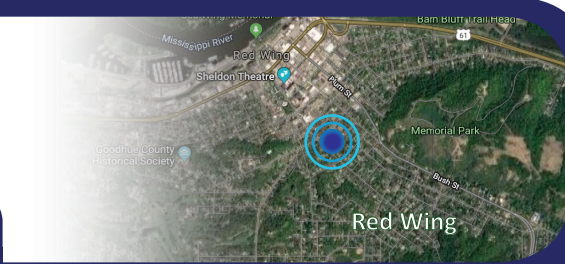


Robert

Robert is a truck driver living in downtown Red Wing. Recently, Robert has found himself caring for his wife after a car accident left her in a wheelchair. His income is decent, but their combined income is now much lower after she was forced to retire. If they could no longer afford to rent in their current home, Robert is not sure that they could continue to live in Red Wing. There is already a lack of affordable housing options, and her disability means that their choices are especially scarce. Although staying with friends and family for a while is an option, having stable housing is important to their family.

Before the accident, Robert and his wife enjoyed taking walks to Central Park to attend concerts. The walk is difficult now with a wheelchair, and it is hard enough for Robert alone with the poor sidewalk conditions and winter ice. His job also takes him away from his wife, sometimes for several days. Buses are available nearby, but she needs the help of a friend just to get out of her home unless Robert is around. She is often confined to their home, and Robert worries about her feeling isolated and depressed.

Robert has done the best he can to take care of himself as his responsibilities have increased. He sees a therapist every other week to deal with his stress and anxiety. This would not have seemed like an option to him just a few years ago, but he views stigma and the need to seek early treatment differently after attending a few Make it OK Goodhue County community conversations. Robert feels good about being aware of his mental health needs and intentionally trying to address them. However, he still feels overwhelmed by his family's evolving circumstances and needs to figure out how to cope when he's on the road or at home with his wife.



62 Years Old • Red Wing • Truck Driver
White • Family Disability

Key Statistics

43% of rental households and **29%** of owner occupied households in Goodhue County spend over 30% of their income on housing

(2017 Goodhue County CNHA)

10.6% of residents in Goodhue County live with **one or more disabilities**. The city with the highest proportion is Wanamingo (15.4%)

(2017 Goodhue County CNHA)

Core Issues

HOUSING

Robert is concerned about finances now that his wife is on a fixed income. If they can no longer afford their current rents, the prospects of an affordable, wheelchair accessible house in Red Wing are slim.

MOBILITY

It is hard to be active in the community with his wife's condition, and it is challenging for her to get to a store or doctor when Robert isn't around.

RESILIENCE

Robert knows he has concerns and takes steps to address them, but needs better coping mechanisms and support from friends and community.



Austin • Imihy • McSorley • Thompson






RECOMMENDATIONS

The following recommendations are offered to address the specific core issues identified for each persona. In each recommendation, the following sections are included: a high-level description of the recommendation; one or more case studies to help explain how the recommendation could function; specific persona implications and core issues addressed by the recommendation; and initial Goodhue County-specific implementation considerations.

Community Assets

These recommendations are offered from an asset-based perspective. Goodhue County is already doing a lot of incredible work around improving public mental health. For example:

- **Make It  .org** Make it OK Goodhue County has held numerous events and programs to help combat stigma
-  **FERNBROOK Family Center** Fernbrook Family Center offers in-school therapy and counseling through their School Link Mental Health program
-  The C.A.R.E. Clinic has made healthcare accessible for many that would otherwise go without care

The following recommendations are meant to build on these assets that already exist in Goodhue County and to enhance the partnerships between MCHS, non-profits, governments, local residents, and others that make it possible to confront mental health challenges successfully.

CORE ISSUES ADDRESSED:

RESILIENCE

ISOLATION

DESCRIPTION: During the engagement, the team learned much about what was being done through the professional partnerships in the Mental Health Conveners group. However, there did not seem to be much direct resident engagement in the development of solutions. Engaging non-professional community members in an empowering way to develop solutions is itself a strategy for increasing resilience. Community engagement promotes social cohesion and helps generate greater social support for those who participate. Social cohesion and social support are linked to greater physical and mental health, and even lower mortality rates (Barry & Jenkins, 2007). Additionally, people who participate in making changes to their community and see their work come to fruition experience a sense of control or mastery, and so many posit that there is a link between community engagement and positive mental health outcomes (e.g., Israel et al, 1994).

IMPACT ON PERSONAS:



All personas will feel a sense of purpose and control over their environment due to the influence they have on their community, which will help build their resilience.



Having the opportunity to shape Red Wing's future would make Abbie feel more connected to the city and help build her sense of self-efficacy. A teen-specific gathering space would help her and her friends feel less bored, and make them less likely to try drugs and alcohol.

CASE STUDY:

The Communities that Care (CTC) initiative “activates communities” to develop their own plans of action to address community needs and leverage community assets that they themselves identify (Jané-Llopis et al, 2005: 14). CTC has primarily been used to address youth violence and substance abuse through community-wide action. Actions and interventions operate at multiple ecological levels, and are based off of a risks/protective factors profile that the community themselves develops, with the support of researchers or public health practitioners (Barry & Jenkins, 2007). A resident committee is convened and using local data, they develop their risks and protective factors profile. Once the profile is developed, researchers help community members select, adapt, and develop a set of interventions that makes sense for their community, based off of the profile that they have developed together (Barry & Jenkins, 2007).



CTC has been found to be very effective across a broad range of communities across the USA, UK, Australia, and the Netherlands at reducing youth crime and/or substance abuse (Barry & Jenkins, 2007). 40 US Communities in 7 states have been compared in a 5-year, longitudinal study, and have reported positive outcomes associated with youth cognitive skills, adult parenting skills, and general community cohesion, as well as attending decreases in “youth school problems, weapon charges, burglary, drug offenses and assault charges” (Barry & Jenkins, 2007: 102). While CTC has been used specifically to address youth violence and substance abuse, the model and structure can be applied to a variety of community health needs.

Rec
1

Engage the Community in the Development of Solutions

GOODHUE COUNTY IMPLEMENTATION

The CTC model of resident committees and guided research and action can be applied to a variety of specific needs identified through the CHNA and/or municipal comprehensive planning efforts. By providing residents with data collected through the CHNA, and asking them to prioritize the needs and develop an implementation plan, CHNA and comprehensive plan data can more quickly be operationalized and disseminated throughout the community.

For example, a need that the capstone group identified through engagement and reading of existing city plans in Red Wing was related to community gathering spaces. This need was particularly acute for specific groups of people (teens, Hispanic/Native American communities), and more generally a seasonal need (finding winter gathering spaces is difficult for everyone in the community). Creating gathering spaces for each of these specific populations will help ameliorate isolation in these populations, but doing it in an empowering way by engaging with these populations to design it will also help address resilience. Consider developing resident committees with members from each of these communities to understand (1) whether this is truly a high priority need to them, (2) whether this sounds like something that would help address issues of isolation and resilience that were identified through this CHNA and other planning efforts, and then (3) work with them to design these gathering spaces, to ensure that they will meet real community needs.

The CTC model can be embedded in existing planning and assessment activities, like CHNAs and city comprehensive planning efforts. An even better model than presenting CHNA data to a resident committee is to engage the resident committee in data collection and analysis efforts of a CHNA, so that they are part of the development of the understanding of the problem, and are then more engaged in the development of its solution.



Support local organizations that are already helping residents meet their mental health needs

CORE ISSUES ADDRESSED:

NAVIGATION

ISOLATION

IDENTITY

STIGMA

DESCRIPTION: There are a variety of organizations already doing important work to help bridge gaps for residents. MCHS' role can often simply be to support the work of these organizations, to ensure that everyone who needs their help is accessing it. Two specific sets of recommendation around Navigation and Isolation are offered below.

Navigation

DESCRIPTION: A need that the capstone group identified through engagement and reading of existing plans was related to the difficulties of navigating health services. This need was particularly acute for specific populations including newcomers to the area, non-English speaking residents, rural residents, but even healthcare providers themselves face challenges when navigating providers or insurance. Although it affects all residents in Goodhue County, understanding the disconnect from services faced by those who may not have internet access, lack English language skills, or who may live in isolation is the focus of this recommendation. The team recommends that in lieu of creating new navigation services, MCHS consider finding innovative ways to support existing community organizations that currently provide navigation services.

IMPACT ON PERSONAS:



Being able to call a number for services allows Rosalina to navigate her families many needs without having to drive for a consultation.



Frank does not have internet and allowing him to navigate services by phone allows him to avoid that limitation. New opportunities like a Men's Shed or a community garden would also allow Frank to build community and be less isolated by participating in activities he is familiar with.

CASE STUDIES:

2017 2-1-1 Study

A study from 2017 illustrates the high success rate of callers in navigating resources when calling 2-1-1. This longitudinal study followed 1,235 randomly selected callers in Missouri. Of those that received referrals 93% remember at least one referral they received. But the study also recognizes that although many 2-1-1s follow up with callers, they lack expertise that comes with funded research to analyze their effectiveness (Boyum, 2016).

MCHS Mankato 2-1-1 Volunteers

MCHS of Mankato has been successful in supporting United Way and 2-1-1. "Over the past year, employees have volunteered more than 3,300 hours with non-profit organizations in our region, employees donated over \$133,000 to United Way through Mayo Clinic Health System employee campaign" (Mayo Clinic Health System, 2019).



Rec
2

Support local organizations that are already helping residents meet their mental health needs

GOODHUE COUNTY IMPLEMENTATION

Increasing the resources for organizations that already provide navigation such as 2-1-1, Hispanic Outreach, Hope Coalition and the Minnesota Farm and Rural Helpline could increase access to services for some of the most isolated residents as well as for those residents who do not have access to Internet. 2-1-1 collects large amounts of data about callers and service connections which they make available online but they do not have the resources to professionally analyze this data. Working with 2-1-1 to analyze this data could be helpful for future MCHS CHNAs while also helping United Way to be more effective. Additionally, incentivizing MCHS providers to volunteer for these helplines can help sustain these important efforts while also increasing provider awareness about these issues.

Isolation

DESCRIPTION: Social isolation and loneliness in rural areas is becoming an urgent public health risk (Henning-Smith, C., Moscovice, I., & Kozhimannil, K., 2019). In interviews, isolation, even for those who lived in more dense areas such as Red Wing, contributed to inferior perceived mental health. Supporting organizations or encouraging the development of organizations which directly address isolation in ways that are relatable to residents can increase the mental wellbeing of residents.

IMPACT ON PERSONAS:



Frank is isolated and lonely on a large farm. Organizations and events that bring him together with other farmers doing activities he is comfortable with can help him build community that will help his resilience in uncertain times.

CASE STUDY:

Rural Men's Sheds in Australia and UK

Men's Sheds have been commonly used in rural parts of Australia and the UK as a tool to help older men in rural areas combat isolation and loneliness through staying active and engaging in activities they enjoy such as woodworking (Whittle et al, 2014).

GOODHUE COUNTY IMPLEMENTATION

Consider partnering with organizations like the US Men's Shed association or supporting them financially to expand into Goodhue County. This organization is already specifically interested in combating isolation and loneliness and could have a very positive impact on mental wellness throughout the county.



MCHS could consider partnering with local municipalities to start community gardens or farmers markets which would be targeted at bringing together rural residents around a shared knowledge and passion for farming and agriculture. As MCHS has land available, they could offer this space for the sites of community gardens, farmer's markets, or Men's Sheds.



Utilize innovative and culturally competent media for combating stigma among underrepresented populations

CORE ISSUES ADDRESSED:

IDENTITY
STIGMA

DESCRIPTION: Make It OK Goodhue County is an ambitious campaign that looks to increase mental health awareness and reduce stigma by participating in community events, training local orgs with YMHFA, training 1,000 Mayo employees with Make It OK slides, and making materials available online. The team heard just how successful Make it OK has been in Goodhue County already. However, there are certain groups that have not been adequately reached, namely, the Latinx population and rural residents or the farming community.

“Mass media interventions [are effective] particularly if they are supported by local community action [and] can have a significant impact on increasing understanding, reducing stigma and increasing knowledge, as well as impacting positively on mental health literacy at the community level” (Jané-Llopis, et al, p.14-15). In the spirit of Recommendation 1, finding ways to engage the community directly to design and implement new media techniques to combat stigma in these specific populations could be very beneficial.

IMPACT ON PERSONAS:



Finding materials made by the community for someone like her, Rosalina feels like she is accepted in Goodhue County. The fotonovelas are easy to read and they give Rosalina a different perspective on how to think about mental health issues. These materials give Rosalina the confidence to discuss her own mental health with her loved ones.



Experiencing programs like Make It OK Goodhue County or seeing information about mental health from a rural perspective would help Frank feel more at ease to talk about his issues.

Both will have opportunities to engage in discussions around mental health for the first time in ways that are unique to their identities.

Latinx Population

DESCRIPTION: Mental health stigma is a persistent barrier to identifying needs. The Hispanic culture is resilient but often mental health is not discussed. Through engagement, the team found that often Spanish speakers were not comfortable speaking about mental health, even with friends or family. Leveraging tools and techniques that have been successful with Latinx populations elsewhere could be a very effective strategy for MCHS and Make it OK. Fotonovelas are one such tool that could be employed in Goodhue County.

CASE STUDIES:

Mental Health Stigma Study

A recent study showed that Hispanic students who read fotonovelas had less antidepressant and healthcare stigma. This study was conducted in 2012 with 139 adult Latino students at three different community education schools in Los Angeles California. The students were provided with a fotonovela, which is a story with pictures and captions focused on characters, much like a graphic novel with photographs in lieu of drawings. Students were given a pre-test and post-test which measured issues surrounding depression and those who had read the fotonovela had markedly less stigma than the control group (Unger, 2012: 398).



Rec
3

Utilize innovative and culturally competent media for combating stigma among underrepresented populations

GOODHUE COUNTY IMPLEMENTATION

There have been a few attempts at mental health dialogues with the Spanish-speaking population in Goodhue County that seem not to have been very effective, according to the engagement conducted. To reach this community in Goodhue County, the team recommends the creation of mental health materials that are culturally competent. Adding materials in Spanish is important and it should be pursued, but Spanish language materials alone do not always lead to results as many Hispanic immigrants have lower levels of literacy than the national average (Isphording, 2013).

The creation of creative materials such as fotonovelas has proven effective in decreasing mental health stigma with Spanish-speaking residents. They use more pictures and minimal text while simultaneously creating emotional connections to characters. The team believes these kinds of media campaigns could be created, adapted, or distributed by Make it OK Goodhue County or MCHS in partnership with Hispanic Outreach. See [Figure 4](#) for a sample of an image from a fotonovela, and [Appendix E](#) for links to the full sample fotonovela, and instructions for developing one.



Figure 4: Fotonovela sample

Rural Resident/Farmer Population

DESCRIPTION: In interviews with providers and residents, it was clear that there is still a disconnect between advances in Red Wing versus the outlying areas of Goodhue County. While Make it OK Goodhue County has made great strides in de-stigmatizing conversations around mental health in the Red Wing area, the program is limited to its ability to reach those in greater Goodhue County. Additionally, those living in more rural areas may have a different cultural context around mental health and stigma than in other areas. Expanding the tools and techniques MHCS has to reach these areas could help those who have yet to be engaged in conversations around mental health.

CASE STUDIES:

RHI Rural Mental Health Toolkit

The Rural Health Information Hub (RHI Hub) aggregates research and toolkits around rural mental health which can be used by those who are interested in building rural mental health programs such as the Mental Health in Rural Communities Toolkit developed by Dr. Carrie Henning-Smith at the University of Minnesota's Rural Health Research Center. See [Appendix E](#) for a link to this resource.

Rec
3

Utilize innovative and culturally competent media for combating stigma among underrepresented populations

The Upper Midwest Agricultural Safety and Health (UMASH) released a toolkit to coincide with Mental Health Awareness month that is specifically targeted at talking about mental health in relation to rural needs. The toolkit includes videos and webinars about mental health needs in rural areas, pre-designed Facebook and Twitter message like the following are included in the toolkit: “Taking breaks is important for improving mental health. Feeling fatigued when operating machinery can also be dangerous. Turn off the engine. Take 10 minutes to rest and reset. Small breaks not only improve resiliency, but they can also lessen the effects of whole body vibration. Seems like a win-win!” See [Appendix E](#) for a link to the toolkit.



GOODHUE COUNTY IMPLEMENTATION

MCHS does not need to reinvent the wheel when it comes to thinking about ways to engage rural populations about mental health issues. Instead, MCHS should be utilizing existing tools to reach residents in more rural areas. Options include the UMASH toolkit to write an op-ed in local newspapers, or providing the Mental Health in Rural Communities Toolkit as a resource to communities looking to build mental health programs. Additionally, MCHS could look into expanding Make It OK Goodhue County into more rural areas and focusing on building connections throughout the County.



CORE ISSUES ADDRESSED:

MOBILITY

ISOLATION

DESCRIPTION: A lack of reliable transportation options is a significant barrier to attending medical appointments, shopping at a grocery store, or appearing at social events. In trying to address mobility holistically, it is important to address road design, maintenance, walkability, and location of services as well. These factors are especially important when considering the winter climate and topography of cities like Red Wing. The team also heard that while there are transit and ridesharing opportunities, ride-sharing is not reliable, amenities are far away and are still challenging to get to. These difficulties are most apparent for low-income, elderly, youth, and disabled populations. In response, MCHS could support existing volunteer ride-sharing programs, evaluate patient transportation needs themselves. They can then use their unique community knowledge and perspective to advocate for transportation needs in Goodhue County.

IMPACT ON PERSONAS:



Robert and his wife will have improved access to green space and activities or appointments by transit or walking



Using improved transit or ride-sharing services, Abbie will be able to get to the activities that keep her from drugs and give her a sense of purpose in her community

CASE STUDIES:

Hospital Volunteer Ridesharing Partnership

Grace Cottage Hospital's 2015 community health needs assessment identified lack of transportation as a significant barrier for residents to access adequate health care. In response, Grace Cottage partnered with Green Mountain RSVP, a national, non-profit volunteer program, to start the volunteer driver program at the hospital. The program stations volunteer drivers at the hospital to give struggling patients rides to appointments or back home after appointments or inpatient stays. The drivers use their own vehicles and the option is available to all patients free of charge ("Transportation and the Role of Hospitals", 2017).

While there has not been a formal evaluation, the collaboration has had a positive impact on residents who have few transportation options to get to their appointments and for the volunteers looking to give back to their community. The number of rides given have increased and have been reliable ("Transportation and the Role of Hospitals", 2017). MCHS can learn from this partnership with a volunteer ride-sharing service to build a stronger relationship with Faith in Action. Similar programs exist in rural places like Provincetown, Massachusetts, where the nonprofit, Helping Our Women, provides free rides to patients who may have to go as far as 50 miles to reach appointments. In Health Outreach Partners' report on the service, they call out the importance of ensuring that volunteers feel supported and appreciated for retention ("Using Volunteer Drivers", 2014).

CareMore Hospital Lyft Partnership

In a 2016 pilot project, CareMore paid for 479 patient rides through Lyft in California (Betbeze, 2016). Better outcomes, lower costs, and improved patient experience are all associated with non-emergency transportation. Patients take steps to have their illnesses treated earlier as well. Average wait times compared to the traditional medical transportation were down by 30% (to 8.77 minutes from 12.52), and average per ride costs decreased by 32.4% (to \$21.82 from \$31.54) (Betbeze, 2016). The patient satisfaction rate was 80.8% (Betbeze, 2016). Similar programs across the country have had been effective. Denver Health reported zero transportation complaints from the beginning of their program, after receiving daily complaints before. The hospital calls rides for patients, which is helpful for patients with English as a second language (“Transportation and the Role of Hospitals”, 2017).

Broward, FL Transportation Advocacy

Prompted by a need for safer streets, the Broward Metropolitan Planning Organization (MPO) partnered with the Florida Department of Transportation (FDOT) and other partners, to plan, design, and build more complete streets (“Healthy, safe, and prosperous”). The Florida Department of Health and Urban Health Partnerships had a significant impact on these plans, presenting an opportunity for MCHS to play a role in transportation advocacy with health-focused feedback and metrics.

These efforts lead to 16 of the MPO’s 31 districts have adopting their own resolutions or guidelines. Since 2012, the MPO has increased their active transportation funding and programmed approximately 90 individual bicycle and pedestrian projects totaling \$120 million (“Healthy, safe, and prosperous”).

GOODHUE COUNTY IMPLEMENTATION

(1) Support Faith in Action Faith In Action is an interfaith volunteer program serving seniors, and others in distressed circumstances in Red Wing. Their goal is to help individuals in the community remain independent. All services are provided by caring volunteers, with no charge to the recipient. Patients will be better able to attend their scheduled appointments, and residents also have better access to grocery stores, activities, and whatever else fills a need for them. MCHS can support them by donating and helping staffing efforts as well as looking for opportunities to make those calls for patients. MCHS should look for other organizations to partner with to increase inexpensive or free direct transportation options.



(2) Evaluate patient transportation needs. The CDC Health Impact Assessment Toolkit has data on the impact of current and proposed transportation systems, and the Social Needs Health Assessment Toolkit gives a framework for effectively surveying the health needs of patients including transportation. Links to both toolkits are available in Appendix E. MCHS Red Wing could leverage these toolkits to develop evaluation methods that make sense for the unique needs of their community. Once established, these evaluation methods can be shared with other MCHS hospitals and non-profits serving mental health needs.

(3) Advocate for solutions to identified patient transportation needs in planning and policy (ie more/better sidewalks, transit improvements). Leverage MCHS’s name and status to bring recommendations to the State Legislature using information collected through the evaluations.

Rec
5

Evaluate and support affordable housing opportunities and initiatives in Goodhue County

CORE ISSUES ADDRESSED:

HOUSING

MOBILITY

DESCRIPTION: A lack of reliable transportation options is a significant barrier to attending medical appointments, shopping at a grocery store, or appearing at social events. In trying to address mobility holistically, it is important to address road design, maintenance, walkability, and location of services as well. These factors are especially important when considering the winter climate and topography of cities like Red Wing. The team also heard that while there are transit and ride-sharing opportunities, ride-sharing is not reliable and amenities are far away and challenging to get to. These difficulties are most apparent for low-income, elderly, youth, and disabled populations. In response, MCHS could increase capacity for existing volunteer ride-share programs and evaluate patient transportation needs themselves. They can then use their unique community knowledge and perspective to advocate for transportation needs in Goodhue County.

IMPACT ON PERSONAS:



ADA updates for Robert's wife on their home will significantly increase her independence, and increased affordable housing nearby gives them options if upgrades are not possible.

CASE STUDIES:

The Mayo Clinic in Rochester invested \$7 million in the First Homes community land trust program to build 875 homes over 5 years. The program keeps affordability in place through the land trust shared equity model. Mayo's gift was also unrestricted by location in Rochester or employment with Mayo, so that it could benefit surrounding communities as well (Zuckerman, 2013).



Since 1999, \$14 million has been raised and 650 new residences have been built. The total includes more than 420 new single-family homes (including nearly 50 community land trust properties) and more than 225 new below-market-rate rental units ("First Homes").

Today there are many examples of this type of work. Across the country, Hospitals are leveraging their wealth and community leadership to support affordable housing in the form of donations, low-interest loans, and fund creation. (Zuckerman, 2013)



Rec
5

Evaluate and support affordable housing opportunities and initiatives in Goodhue County

GOODHUE COUNTY IMPLEMENTATION

(1) Offer funding and technical support affordable housing efforts in Goodhue County. Work alongside local government and developers to increase affordable housing opportunities. Potential partners include Goodhue County Habitat for Humanity and HOPE Coalition.

(2) Evaluate patient housing needs The Social Needs Health Assessment Toolkit, available in [Appendix E](#), gives a framework for effectively surveying the health needs of patients including housing.

(3) Point patients with disabilities to grants for home and car ADA upgrades. Provide home modification grants to households with ADA needs such as chair lifts, grab bars, or ramps, and advertise existing grant programs to patients that could use them. The USDA's Rural Housing Grant and Loan program provides grants or low interest (1%) loans for low income families ("Single Family Housing Repair"). Mayo having their own fund could help landlords make their buildings more accessible for renters or fill gap for households who cannot meet their own needs but do not meet required income levels for federal programs.



Rec
6

Implement comprehensive, community-based resilience programs and interventions

CORE ISSUES ADDRESSED:

RESILIENCE

STIGMA

GENERATIONAL

DESCRIPTION: It is important to pair structured programming with the above recommendations to help individuals build personal skills around resilience and coping. Leverage partnerships with other healthcare providers, community organizations, schools, and local governments to launch multi-pronged public relations campaigns that include skills-building curriculum and peer mentoring opportunities geared towards different sectors of the population. Programmatic interventions will be more effective when they are embedded in whole-community efforts, and the message of programming is consistent across the various settings for intervention.

IMPACT ON PERSONAS:



Through supportive programming, Robert will be able to connect with people facing similar situations, which would provide him with new social supports. In addition, community workshops will help him to build skills that will help him cope with his recent difficulties.



Abbie will build coping skills, and targeting her parents will help Abbie get the support she needs at home

CASE STUDIES:

Penn Resiliency Program

The Penn Resiliency Program “teaches resiliency based on learned optimism” in Children ages 8-15. The army is adapting this model as a part of their Comprehensive Soldier Fitness Program, so a retrofitted version for adults exists as well (Jané-Llopis et al, 2005: 15).

Community Mother’s Program

The Community Mothers Program has been replicated across the UK, Australia, Netherlands. This program recruits and trains volunteer mothers from specific communities (“disadvantaged”) to give support and encouragement to new parents from the same community. Many of the volunteer mothers ultimately became involved in adult education programs around literacy, counseling, and personal development after their contact with the program, “demonstrating a spin-off from the process of empowerment” (Jané-Llopis et al, 2005: 12).

Rec
6

Implement comprehensive, community-based resilience programs and interventions

GOODHUE COUNTY IMPLEMENTATION

Building a coordinated public media campaign that also includes curriculum across the schools and the wider community would help students, parents, and community members build coping skills and resilience. Consider particularly a campaign targeted at parents which speaks to Goodhue County's suicide rates and teen emotional issues, and also teaches skills to parents to help their teens cope better. Raising awareness may help combat stigma in the older generation, and teaching coping skills will likely help parents with their own emotional issues. Community-based courses on mindfulness and coping skills could be a part of the larger campaign but would be open to the public beyond parents, as well.



CONCLUSION

Goodhue County has done excellent work already to combat mental health stigma, and to improve the wellbeing of its residents. This document presents frameworks for understanding how public health is impacted by policy and systems, specific needs identified by the capstone group in the form of personas and core issues, and recommendations to help address these issues from a systems perspective. It is the hope of the capstone team that the personas will be useful to MCHS staff and that the recommendations will inspire action in Goodhue County and beyond.



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Appendix A

Community Engagement Plan
for the Mental Health Mini-CHNA
in Goodhue County

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Prepared for Ilaya Hopkins and Pam Horlitz
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February 25, 2019

Introduction

The following Community Engagement Plan gives an overview of the context and methods that the capstone team will use to collect information from stakeholders to produce a Community Health Needs Assessment (CHNA) focused on Mental Health in Goodhue County. The data collected through this engagement effort will be combined with additional analysis of data collected for the 2018 CHNA, as well as publicly available data in order to produce recommendations for how Mayo Clinic Health System (MCHS) can collaborate and innovate to improve mental health for Goodhue County residents.

This document contains the following sections: an overview of insights gained from existing planning and health assessment documents; a literature review of principles of effective community engagement with a specific focus on rural community engagement; a brief description of the sampling methodology as well as a stakeholder analysis, which describes the process used to select individuals and organizations for the engagement effort; a description of the planned engagement activities, and an implementation plan; and finally, an overview of how the engagement effort will be evaluated.

In addition, there are four appendices with additional documents related to the plan presented. The reason for using appendices is to keep the body of the document short, while making it easy to find documents that will be used for actual engagement. *Appendix A* includes a full list of needs and recommendations broken up by plan reviewed, as described in the *Background & Context* section. *Appendix B* contains the full text of the Stakeholder Analysis conducted. *Appendix C* is a basic script we will use to introduce the project to the public to ensure that there is no confusion about who the capstone team represents, and what will come of the project. *Appendix D* includes the current list of interview questions, broken up by stakeholder group. *Appendix E* is a note sheet that we will use during the conversations to ensure efficient and consistent processing of interview data. *Appendix F* is the preliminary evaluation of previous CHNAs that will be used to benchmark the progress made in this engagement effort.

Background & Context

To understand existing needs and previous recommendations, a preliminary analysis of documents from MCHS, Goodhue County, and the City of Red Wing was conducted. This preliminary analysis informs the interview questions developed as well as the stakeholders selected for engagement. Additional analyses of these documents will be conducted once engagement is underway, so that the capstone team can glean additional insights given what is learned from engagement.

Goodhue County lies in MCHS' Southeast Minnesota Region and is primarily served by MCHS in Red Wing. The population of Goodhue County has been steady over the past decade, and has neither grown or shrunk substantially. Of 46,138 residents, 94.5% are white. Hispanic residents are the largest minority group at 3.2% of the population, followed by Black and American Indian, both at about 1%. The City of Red Wing is the county seat of Goodhue and its largest city with a population of 16,334. The 2017 estimate by the U.S. Census Bureau also reports that 22.8% of the population is under 18 years old, and 18.1% are 65 years old or older. The median household income is \$62,431. Goodhue County residents live and work on rural farmland and small cities like Red Wing.

Community health assessments and a city comprehensive plan have helped the team to understand known concerns of Goodhue County residents as well as how MCHS and city/county

governments have addressed these issues. The following documents were reviewed to give context to this Community Engagement Plan:

- Red Wing 2040 Comprehensive Plan (2018)
- Mayo Clinic 2016 Red Wing Community Health Needs Assessment (2016)
- Goodhue County 2017 Community Health Assessment (2017)

Surveys and focus groups used to produce these documents have revealed many of the concerns that Goodhue County residents have related to mental health and well being. Concerns about mental health involve access, transportation, affordability, stigma, economics, and information gaps. The lack of services available for mental health and chemical health treatment were also a common thread in all reports. A lack of affordable health care service and insurance options also presents barriers to treatment. Members of the public are also aware that factors outside of clinical treatments, such as poverty, active living and healthy food options, can have a profound effect on their mental health.

To address these issues MCHS CHNA recommended improving communication of services they offer by creating county-wide resources and increasing education through social media. Additionally, they hired more licensed social workers and mental health providers to increase access to care and to accommodate patient needs in clinics.

Red Wing also recommended adding mental health services and resources for those with chemical dependencies. They had a strong focus on active living and programming as well. Red Wing hopes to encourage active living through public realm improvements and capital projects. Additionally, they propose offering more programming, such as sports leagues and youth programs, to encourage a more physically and socially active lifestyle.

Goodhue County had higher-level proposals for dialogue and education. They want to expand the conversation around the impact of poverty on mental health outcomes, reduce barriers to mental health care, and authentically engage underserved populations. Detailed notes on the needs identified in each plan, as well as specific language around recommendations can be found in *Appendix D*.

Rural Engagement Literature Review

In order to conduct high-quality engagement, it is important to situate the work within the existing literature on effective community engagement. Particularly because this project seeks to engage a rural community, it was important for the team to investigate the ways in which engagement for this group differs from other types of engagement.

Community participation has received interest from planners, policy makers and those interested in health care redesign for over fifty years. Those engaged in policy-making and program development have utilized a wide range of engagement practices. Scholars agree that community engagement encourages residents in rural and remote areas to engage with their own health (Kilpatrick, 2009; Vinod, 2004).

The classical framework for involving community members at a higher level dates to 1969, with Arnstein's Ladder of Citizen Participation (Figure 1), which illustrates the range of non-participation to participation (Arnstein, 1969). Arnstein advocates not just for the redistribution of power but the inclusion

of community in the policy development which ultimately better enables them to “share in the benefits of an affluent society” (1969). While Arnstein’s work has been extensively cited, there has been much work which has further expanded the concept of community participation. Taking Arnstein’s approach into the context of public health, better community participation and engagement in health policy has the potential to create residents who are better able to share in the benefits of a healthier society.

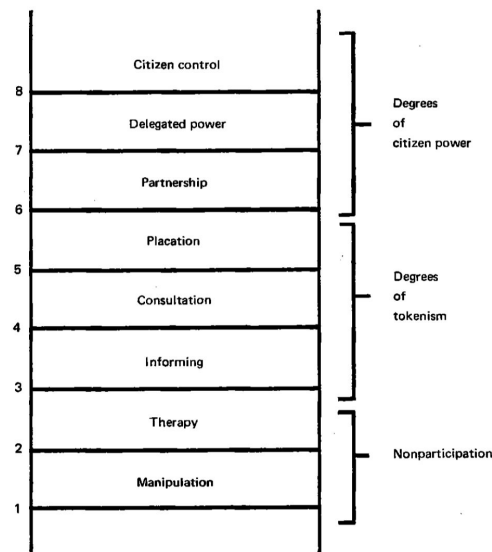


Figure 1: The Eight Rungs of Arnstein’s Ladder of Citizen Participation

Much of the research that has been done around the benefits of community engagement has three fundamental positive outcomes; understanding and awareness of issues, community empowerment and a higher level of trust in service professionals (Jo & Nabatchi, 2019). A study by Jo and Nabatchi showed that collective co-production and community participation can significantly increase issue awareness, empowerment, and trust (2019).

First, participation provides a level of education about a given issue. This education then helps communities develop a better understanding and awareness of issues and consequently communities value the issues with a greater level of importance (Pincock et al, 2012). This newly created level of understanding, awareness and importance can be especially essential when engaging with communities around sensitive topics like mental health.

Secondly, engagement provides communities with a stronger sense of empowerment that is only obtained through the ability to co-produce or co-construct processes which have otherwise been inaccessible to them (Bryson et al, 2013; Kegler et al, 2008). By providing spaces for communities to engage in processes such as service design, residents are able to be empowered through active citizenship (Denhardt, 2000). Conversely, this creates policy makers and health care organizations which are less bureaucratic and that build better relationships.

Finally, engagement creates a deeper sense of trust between residents and the service professionals with whom they interact. Studies show that when communities co-produce services or innovate alongside professionals, they are more likely to be satisfied with the services provided to them

(Voorberg et al, 2015). Specifically in rural areas, research shows that community participation often strengthens these relationships (Kenny et al 2013).

Engagement in rural communities can add a level of complexity - when doing community engagement as residents may be more conservative and suspicious of change. Kilpatrick asserts that health professionals play a unique role which, “can help align expectations of health service and community, so as to produce a system that is responsive to community needs in a way that is consistent with both community and health system norms and values” (2009). Local health providers likely have unique insights into the community mindset, but they will also likely need additional support from the broader health care organization to build the skills necessary to best engage with communities (Farmer, 2007).

Criticism of rural community engagement often lie around the concept that an outside group, which is often a group that holds some amount of power, tries to do engagement using processes that are not common amongst rural residents (Crawford et al, 2002; Cornwall 2008). This can include formats that are hard to understand and are uninviting, or presentations given in a language that is not understood by participants which creates alienation and disengagement (Kenny et al 2015).

These challenges can be alleviated when those working with communities recognize that “engagement is a process of trust and relationship-building rather than a one-off intervention and that, once trust is gained, it requires ongoing mutual commitment” (Nimegeer, 2011). Building awareness, empowerment and trust are important, especially when addressing issues that consistently plague communities. Those working to engage with residents must understand that this work takes time and must be authentic. Only through continuous engagement that values community voice will the benefits of community participation be realized.

As community co-production is currently the highest standard of engagement, the capstone team plans to approach this project with this mindset. Though the time and resource constraints on the project mean that co-production of recommendations will not be possible, the team does plan to return to the stakeholders interviewed to present the team’s understanding of their perspective, and get feedback on the recommendations that the team develops as a result. Though this is not co-production, it is a step in that direction.

Stakeholder Analysis

Given the resource constraints of this project, stakeholder selection was a critical part of developing the engagement plan. A stakeholder can be defined as “All parties who will be affected by or will affect [the organization’s] strategy” (Nutt and Backoff 1992: 439), or “those individuals or groups who depend on the organization to fulfill their own goals and on whom, in turn, the organization depends” (Johnson and Scholes 2002: 206). Both of these definitions highlight the bi-directional relationship that stakeholders and organizations have.

Assessing stakeholders given their relative power to enact change and their interest in changes enacted is an effective technique for determining which stakeholders to include. In keeping with the theme of co-production with community, it is best to prioritize engaging those who have high interest but relatively lower power. The stakeholder analysis in *Appendix E* is based off of the capstone team’s preliminary assessment of existing documents, and conversations with Ilaya Hopkins and Pam Horlitz.

In addition to the assessment of stakeholders' relative power, interest, and previous engagement, the capstone team sought to identify stakeholders that either (1) have particularly salient knowledge or experience related to mental health, (2) have traditionally been underrepresented in MCHS' engagement efforts, or (3) that we know to be particularly at risk for mental health issues. These three priorities were identified as part of a purposeful sampling methodology.

Purposeful sampling is a common technique used to identify "information rich" (Patton, 2002) cases in qualitative research. The intention behind selecting these information-rich cases is to leverage limited time or budget on research projects for maximum impact. This is in contrast to random sampling, whose primary aim is to minimize bias as a means of maximizing validity. Though the criteria for selecting these cases is debated in a variety of disciplines, there appears to be agreement that subjects should be knowledgeable about and/or experienced with the topic of interest; available and willing to participate; and have an ability to communicate their experiences effectively and reflectively (Palinkas et al, 2005).

As a result, the capstone team identified the Latinx community, youth, older adults and rural residents as high priority populations to engage. Given that it is difficult to engage with youth directly, the team plans to engage with youth advocacy organizations/school staff as a proxy. In addition, given the place-based focus of the project, the team felt that it was important to engage policy makers who are affecting public health decisions and are influencing and creating systems that affect all Goodhue residents. To this end, Goodhue County and Red Wing planners were selected as a key group to target. Finally, because community engagement is best practiced by forming long term relationships, the team identified local non-profits and healthcare providers as experts in the Goodhue County community. They are important to engage with to ensure that the stakeholders that the team selected are appropriate, and that the issues we have identified through our preliminary analysis - and which has in turn informed our interview questions - is appropriate given their specialized local knowledge.

Engagement Activities & Format

The community engagement will consist of three different strategies:

- Semi-structured stakeholder conversations
- Intercept interviews
- A seminal work group

Semi-structured stakeholder conversations will occur both in person and over the phone. These will take place with non-profits, healthcare providers, planners, and youth advocacy organizations or school staff. Each conversation will consist of questions specific to themes that were identified through the team's preliminary analysis of existing CHNAs and other public documents. The full text of the questions are available in *Appendix B*. Though specific questions have been identified, the team also plans to allow these conversations to be more organic. The team will conduct six to eight of these.

Intercept interviews will occur at a local senior center, as well as at the free Tuesday CARE Clinic. At the senior center, the interviews will be held one-on-one with senior residents as well as with professional caregivers at these centers. Interviews at the CARE Clinic will be administered in both English and Spanish and will be targeted towards waiting patients. these questions are also a result of the

team's preliminary analysis. The intention of intercept interviews is to catch a greater number of people but to have less in-depth conversations with each individual. The full text of the questions are available in *Appendix B*. The team will conduct two rounds of these - one at the CARE Clinic, and one at a senior center.

The stakeholder conversations will precede a seminal work group. Stakeholders from previous engagement will be invited to this work group. Here we will share what we heard from participants during our conversations and interviews to make sure we captured ideas correctly. We will then share our recommendations for MCHS with the stakeholders. The remainder of the time will be spent allowing for the participants to brainstorm ideas for improving mental health outcomes in their community. Additional materials will be provided to MCHS in advance of this focus group for review. The team will conduct one to two work groups, depending on the availability of participants.

Implementation

To formally conduct this engagement, grounded in the literature and analysis already conducted, the team proposes the following implementation scheme. Some steps have already been taken, and the team will continue to work to schedule conversations and interviews

- February 18: Pam Horlitz connected the team to all potential stakeholders
- February 25/26: Team presents this plan to Pam and Ilaya to review and approval
- By March 1: Team reaches out to all potential stakeholders to schedule conversations or interview times during the month of March
- March 4 - April 5: All conversations and intercept interviews conducted (note that UMN Spring Break is March 18 - 22, and so the team will likely be unavailable during this week)
 - Each semi-structured stakeholder conversation will be conducted by two team members - one will ask questions, and the other will primarily take notes.
 - Intercept interviews will be conducted by one person.
 - After each conversation or interview, team members will spend 30 minutes recording their impressions from the conversation on the Note Template in *Appendix C* in order to ensure timely and consistent data processing and analysis.
 - March 26: In person meeting with Pam and Ilaya in Goodhue County to review data so far
- April 11: Draft of work will be completed by the capstone team, including a preliminary analysis of the findings from engagement
- April 15 - 19: During this week, the seminal work group(s) will take place in Goodhue County. The team will likely need a space to host this.
- May 7: Presentation of findings and recommendations to MCHS.
- May 17: Final paper delivered to MCHS

Evaluation

In order to evaluate the effectiveness of the engagement plan presented here, the team plans to use the following values and evaluation questions. The team has also evaluated the previous two CHNAs conducted in Goodhue County, in order to benchmark this project against previous efforts. The preliminary evaluation of those CHNAs can be found in *Appendix E*.

Community Engagement Values	Evaluation Questions
Vision	Do we understand the community's values and issues of importance? Are we demonstrating a commitment to the community over time?
Transparency	Are we communicating participation impact, funding realities, and decision-making processes? Are we being clear about how information is being obtained?
Respect/Authenticity	Are we providing multiple options for participation? Are we acknowledging issues and constraints communicated to us by our stakeholders?
Co-Power	Are we cultivating joint ownership of the process? Are we acknowledging the value of local expertise? Is the community involved in identifying criteria for prioritizing decisions and solving problems?
Inclusivity	Are we creating inclusive partnerships and teams? Are we ensuring that multiple voices are engaged and reflected in decision-making?

Conclusion

The Community Engagement Plan presented here will enable the capstone team to connect with key stakeholders in Goodhue County to identify the mental health issues in partnership with the community. The information gathered through semi-structured stakeholder conversations and intercept interviews will be combined with other publicly available data, as well as the data MCHS has already collected for their 2018 CHNA. Once aggregated, the capstone team analyze the data and present recommendations for MCHS on engaging the community more effectively going forward, as well as how MCHS can innovate and partner to improve mental health in Goodhue County.

Appendix A: Plan Needs and Recommendations

Though the following needs and recommendations were summarized in the context section, the team felt it important to report out the specific needs and recommendations identified in each plan, in order to maintain transparency in our work. Below are the initial insights gleaned from the three plans reviewed at this stage of the project.

Red Wing 2040 Health Chapter

Needs/Concerns

- Access to Affordable/Healthy Food Options
- Affordable Health Care Services
- More mental health services
- Limited services for chemical health treatment

Recommendations

- Encourage Active living through public realm improvements
- Provide more resources for those with chemical dependencies
- Increase available mental health services
- Offer more affordable classes and activities. Ie sports leagues, youth programs.
- Create comprehensive resource directory of mental health services.
- Build social and physical surroundings that encourage active living for physical and mental health
 - Get more community input on park planning and programming so parks meet needs of all ages and stages of life.
 - Continue capital projects that make it easier to get around by walking or biking
 - Develop safe routes to parks

Mayo Clinic 2016 Red Wing Community Health Needs Assessment

Needs/Concerns

- Low-income and uninsured residents in Goodhue County lack the resources to manage their chronic illnesses diminishing their quality of life.
- Mental Health
 - Life balance
 - Stigma
 - Resilience
 - Economics
 - Access
 - Situational depression
- Higher percentage of seniors than state. Have specific transportation and access needs.
- Health disparity linked to social and economic disadvantage

Recommendations/Actions

- Support and promote community health care access *no specifics
- Educate and provide resources to community through social media
- Make it OK training program for reducing stigma

- Licensed social workers and mental health providers were hired to increase access to care and to accommodate patient needs in clinical settings.
- Countywide resources developed and shared.

Goodhue County Community Health Assessment 2017

Needs/Concerns

- Correlation between poverty and health
- Substance abuse, rates have increased
- Mental health: stigma, anxiety/depression, access, lack of providers

Recommendations

- Expand conversations on the impact of poverty on health
- Reduce barriers to Mental Health Care
- Engage priority populations: POC, single moms, indigenous people

Appendix B: Full Stakeholder Analysis

For the purposes of transparency, the full text of the stakeholder analysis is included below.

<u>Stakeholder</u>	<u>Power</u>	<u>Interest</u>	<u>Engagement In 2013/2016 CHNAs</u>	<u>Purposeful Sampling Criteria</u>
<i>Latinx Community</i>	Low power. This is a small population in Goodhue. They have varying language skills and if they do not have documents they are unable to vote.	High interest. This group suffers from obstacles in insurance, potential language barriers, as well as transportation.	Very little in the previous CHNAs about targeted engagement for this group.	(1) Salient knowledge or experience (2) Underrepresented (3) Greater risk
<i>Youth</i>	Low power. Youth have a very low power level and as such are often passed over for engagement.	Medium interest. Youth stand to gain substantially if efforts are made to target their mental health needs specifically. We believe that this group is an untapped resource that may provide MCHS with unique insights.	An optional survey went out to schools in the area that was referenced in both CHNAs.	(1) Salient knowledge or experience (2) Underrepresented (3) Greater risk
<i>Youth advocacy non-profits and school staff</i>	Medium power. This group has medium amounts of power as they know about many health issues affecting children, but they don't have a lot of resources to affect change.	High interest. This group is extremely interested in finding healthy outcomes for those they work with, youth.	An optional survey went out to schools in the area that was referenced in both CHNAs.	(1) Salient knowledge or experience (2) Underrepresented
<i>Older Adults</i>	Medium power. Older adults are traditionally thought of as a low-power group. However, given	High interest. This group has transportation limitations and quality local healthcare is extremely important to them.	There have been engagement efforts that have reached this group such as mail surveys and key informant interviews with Red	(1) Salient knowledge or experience (2) Underrepresented (3) Greater risk

			Wing Area Seniors.	
<u>Stakeholder</u>	<u>Power</u>	<u>Interest</u>	<u>Engagement In 2013/2016 CHNAs</u>	<u>Purposeful Sampling Criteria</u>
<i>County and City Planners</i>	High power. This group makes decisions that affect community health at a city and county level, they are very powerful.	High interest. This group has made a career out of being interested in the communities they serve and they often live within them.	There is no evidence of this group being specifically targeted for engagement.	(1) Salient knowledge or experience (2) Underrepresented
<i>Elected Officials</i>	High power. This group makes decisions that affect community health at a city and county level, they are very powerful.	High interest. This group has made a career out of being interested in the communities they serve and they often live within them.	City administrators from Red Wing and Lake City have been engaged with through key informant interviews.	N/A
<i>Healthcare providers (including behavioral healthcare providers)</i>	High power. This group works within the field of medical care. They are powerful in that they know how the system works as well as what local residents issues' are.	High interest. This is their livelihood.	This group has been well engaged with through key informant interviews and focus groups in previous CHNAs.	(1) Salient knowledge or experience (2) Underrepresented
<i>Live Well Goodhue County & other health-related non-profits</i>	High power. This is part of a statewide health improvement partnership and their power is derived from the state backing and their positive track record in the community.	High interest. This institution was created to increase public health, their interest is very high.	Staff with LWGC have been engaged with in previous CHNAs through key informant interviews and focus groups.	(1) Salient knowledge or experience
<i>Rural residents of Goodhue County</i>	Low power. These are folks that live outside of the major cities in Goodhue. They are not well	High interest. This group wants quality local healthcare so their interest is considerable.	This group has been engaged with in previous CHNAs but not	(1) Salient knowledge or experience (2) Underrepresented (3) Greater risk

	organized so their power is low.		specifically targeted.	
<u>Stakeholder</u>	<u>Power</u>	<u>Interest</u>	<u>Engagement In 2013/2016 CHNAs</u>	<u>Purposeful Sampling Criteria</u>
<i>Emergency responders</i>	Medium power. This group works within the healthcare system. They are powerful in that they know how the system works as well as what local residents issues' are. They may not have much power to affect change.	High interest. This group works with residents on a daily basis and keeping them healthy and safe is their chosen profession.	This group has been engaged with in previous CHNAs through key informant interviews.	N/A

Appendix C: Explaining Our Project Script

It is important that our project aims are made clear to the members of the public with whom we engage. We do not want to imply to them that Mayo will take action based on their feedback, but rather, only that their feedback will help us as students understand. Therefore, we will use a version of this script to introduce our work.

Good Afternoon and thank you so much for joining us today. We really appreciate the time you've taken out of your day to talk about health care in your community. My name is [NAME], and this is [NAME]. We are researchers with the University of Minnesota and we are helping Mayo Clinic on a project to help them better understand access to health needs in your area.

We are meeting with community members to learn more about mental health needs in Goodhue County. The intention of our project not only to engage the public in new ways, but also expand how efforts to improve mental health can look like beyond the health care sector. We are interested in connecting community livability to efforts to improve mental health.

Separately, Mayo Clinic Health System of Southeast Minnesota is in the process of doing a Community Health Needs Assessment (CHNA) which gathers input from the community on health needs and identifies priorities that become the basis for programs in the community. Our project is related to this effort and will provide additional information for the assessment, but much of what we are doing is to help us learn and innovate as students. Your suggestions are still very valuable to us, and Mayo Clinic Health System, but they might not be able to implement all the suggestions you provide.

We hope this can be an open and honest discussion and that we can chat about this issue with open dialogue - like a conversation. There are no right or wrong answers, so feel free to answer our questions with total honesty, even if the things you have to say are negative, because even negative things can be really helpful for understanding the needs your community may have.

Appendix D: Interview Questions

Each set of interview questions below is targeted to specific stakeholder groups. We will write 1-2 additional questions targeted to each organization that Pam Horlitz has connected us with.

Starter Items for Everyone

1. Weekend, weather, etc. Small Talk.
2. [Tell them who you are and what your interests are]
3. Tell us about your work (and how it connects to mental health)
4. When and where was the last time you felt truly healthy and happy?
5. Can you tell us about what that feeling - and that place - was like? [characteristics]
6. What does mental health mean to you and your community?

Youth Advocacy/School Staff

1. Can you talk about what **mental health issues** you observe in students? Where do you think that they come from?
2. Do you feel there is a culture of drinking among youth in your community? Smoking/Vaping? Drug use?
3. Do you think students see opportunity for a future in Goodhue County?
4. Do you think that students feel safe? Where does that feeling of safety come from?
5. Can you talk about your experiences with students dropping out - specifically do you feel like students drop out due to mental health issues?
6. Are there opportunities for students to use active transportation to get to school? Why do you think they choose their current options?
7. Can you talk about bullying or harassment at your school? Do you think students feel safe reporting those behaviors? Why/why not?
8. Where do students go to socialize that they feel safe outside of school?
9. Would you be interested and available the week of April 15th to do a work session around the recommendations we come up with? This would be for up to two hours and would be with us and other people we have interviewed.

CARE Clinic Patients & Caretakers (Spanish- and English-speakers)

1. *What are some symptoms of good mental health? Bad mental health?*
¿Cuáles son algunos síntomas de buena salud mental? ¿Mala salud mental?
2. *When you are not feeling well mentally, where do you go for relief?*
Cuando no se siente bien mentalmente, ¿a dónde va para aliviarse?
3. *Are you afraid of receiving a label about your mental health? What do you think that label would mean?*
¿Tiene usted miedo de recibir una etiqueta sobre su salud mental? ¿Qué cree que significaría esa etiqueta?

4. *Has your mental health suffered because of your life's circumstances? (things like fear of the government, cost of food, rent etc)*
¿Su salud mental ha sufrido debido a las circunstancias de su vida? (cosas como miedo del gobierno, los precios de comida, el alquiler, etc.
5. *Do you feel like language is a barrier to mental health for you where you live?*
Siente usted que el language es una barrera/desafío para la salud mental para usted aca en Goodhue County?
6. *Are there spaces in the community that you can get together with friends and family where you feel safe?*
¿Hay espacios en la comunidad en los que pueda reunirse con amigos y familiares donde se sienta seguro?

Senior Center Staff/Caregivers

1. What are some common **mental health issues** that you see with seniors here in your center?
2. What barriers exist to seniors having an active social life here at your center?
3. How do seniors get around outside of your center and in the community?
4. What avenues exist for seniors to have continued sense of life fulfillment and importance in your center?
5. How integrated are your seniors in the wider community? How often do seniors leave versus how often do folks come to visit?
6. What are some places that seniors visit to interact out in the community that they can socialize and feel safe?
7. What are some positive trends you are noticing in seniors health here in your center?
8. Would you be interested and available the week of April 15th to do a work session around the recommendations we come up with? This would be for up to two hours and would be with us and other people we have interviewed.

Goodhue and Red Wing Planners

1. What **mental health issues** do you try to address as planners?
2. Do partnerships exist between planners, health clinics, such as Mayo Clinic Health System, to address mental health outcomes?
3. How is mental health promoted through Goodhue's public realm, transportation, and housing systems? Examples?
4. How do you plan for green, active, social, and safe spaces? Examples?
5. What would you like to see done to address mental health in Goodhue County?
6. Would you be interested and available the week of April 15th to do a work session around the recommendations we come up with? This would be for up to two hours and would be with us and other people we have interviewed.

Mental Health Practitioners/Care Providers

1. Can you talk about what **mental health issues** you observe in the people you serve?

2. What are some positive trends you are noticing in mental health with the people you serve?
3. What are the biggest barrier to people accessing the care that they need to address their mental health issues?
4. What do you notice happening in Goodhue County that may be contributing to mental health issues? [For example, lack of green space, lack of transportation options, difficulties finding affordable housing, etc.]
5. What would you like to see done to address mental health in Goodhue County?
6. Would you be interested and available the week of April 15th to do a work session around the recommendations we come up with? This would be for up to two hours and would be with us and other people we have interviewed.

Appendix E: Note Template

In order to do front-end qualitative data coding and organize interview data as we complete them, we have made this note template. This template has predetermined themes that we think community members will talk about as they talk about mental health. The organization of notes in this way will help us analyze the interviews more efficiently.

Communication	Stigma	Access	Place-Based	Transportation

Economic	Other:

Appendix F: Preliminary Evaluation

CE Values	Evaluation Questions	2013 CHNA	2016 CHNA
Vision	Do we understand the community's values and issues of importance? Are we demonstrating a commitment to the community over time?	The community values are not regularly discussed in the CHNAs. Health issues that continually affect the community are highlighted.	The community values are not regularly discussed in the CHNAs. Health issues that continually affect the community are highlighted.
Transparency	Are we communicating participation impact, funding realities, and decision-making processes? Are we being clear about how information is being obtained?	Participation is noted on policy impacts. Funding is avoided. Decision making is done by a formal panel. Information retrieval is semi-transparent.	Participation is noted on policy impacts. Funding is avoided. Decision making is done by a formal panel. Information retrieval is semi-transparent.
Respect/Authenticity	Are we providing multiple options for participation? Are we acknowledging issues and constraints communicated to us by our stakeholders?	There are key informant interviews, surveys and focus groups. We don't know the community stakeholder communications.	There are key informant interviews, surveys and focus groups. We don't know the community stakeholder communications.
Co-Power	Are we cultivating joint ownership of the process? Are we acknowledging the value of local expertise? Is the community involved in identifying criteria for prioritizing decisions and solving problems?	By involving key stakeholders in the panel and process yes. There is room for growth in allowing stakeholders to take ownership of the process.	By involving key stakeholders in the panel and process yes. There is room for growth in allowing stakeholders to take ownership of the process.
Inclusivity	Are we creating inclusive partnerships and teams? Are we ensuring that multiple voices are engaged and reflected in decision-making?	Many different stakeholders are engaged but there is room to increase engagement efforts that might reach more marginalized populations, specifically patients.	Many different stakeholders are engaged but there is room to increase engagement efforts that might reach more marginalized populations, specifically patients.

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Appendix B

Identifier	Type	Communication	Stigma	Access	Place-based	Transportation	Economic	Other	Suggested Add'l Topics	Their Work	Suggested Fixes
1	Service Provider	N/A	Older adults: don't talk about it (generational) - but more often than not, because of her relationship with residents she's able to push them to see a therapist	- Therapists are private, often don't accept Medicare/Medicaid - Dr. MacBeth is retiring - he had consulted directly with staff on the residents (Broadly - provided support), and was the person they referred to - Not enough therapists either - Fernbrook? Hiawatha has waitlist, but also far away (but bus does stop there)	- Location of Jordan Towers makes it really easy for people to walk and take the bus - people love this, they choose it for both the low rent and the ability to walk/use transit - Downtown destinations: coffee shops, Sheldon Towers (discounted tax for residents) - But - if people can't drive/don't have a family, they can be very isolated - Turning their sewing room into a hobby room so men can do woodworking; can't have exercise room bc of liability, also have art reach come once a month to teach painting; younger members would love dance party! - Chair yoga has been really popular - partly because teacher comes into JT	- People at Jordan Towers are low-income; many don't drive and use bus and have difficulty getting around (esp. in winter w/poor sidewalk maintenance) - Faith in Action has transportation to medical appts (not sure if therapy is included) - by appt, just within Red Wing, volunteer drivers - availability is based on volunteers, so not reliable (donation-based = affordable) - Some residents drive and often give rides to others - Winter maintenance is really challenging - local grocery store/pharmacy will deliver to Jordan Towers tho - Bus is better than it was, but hours aren't long enough, certain stops are challenging - People struggle with loss/grief related to not being able to drive	- Most residents are low-income/fixed-income -- access to care bc of insurance is a problem	- Population of JT has changed over time - now it's more younger/disabled folks (intergenerational - ages 20 to 90) - duration of stay - elderly will stay to the end (hospice), younger people will typically move (not ready to settle), usually out of town, bc of sec 8	- Service Coordinator at Jordan Towers - Jordan Towers: independent living - "housing with services" (Accura Home Health comes there) - her job: assist residents in getting help/resources they need - "I need help" - refer to therapist, connecting is difficult		
2	Jordan Towers Resident		- People don't understand mental health issues and they gossip in a small town -	- Don't have people licensed to give RXs and it is hard to drive to Mayo	- A lot of depression in the home, people back away from activity and are isolated - Happy place is getting out with son and grand children, aka family time - Doesn't want to go anywhere in the limelight - Good walking when there is nice weather.	- Doesn't feel safe driving, walk for groceries and RXs - Access here is limited, doesn't understand why.		- Former Mayo RN for 20 years, on disability because of mental illness. - Good is feeling confident vs feeling nervous or scared. - Sometimes getting out is god... pushing yourself - Bad is not leaving room, isolating - talks to partner about mental illness - ECT Treatments - Bad memory - living in redwing for three years - Lunches are social time ... group chatter			
3	Service Provider			Housing access - financial barriers, availability of housing, etc. Healthcare is too expensive	- mental health = homelessness - crisis housing - immediate (shelters needed in rural MN) - assessment - what can we do to help - recovery - programs to help - common in the past for rural communities to say "homelessness isn't our problem - send them to hennepin county" - NIMBYism - where to put transitional housing/shelters? - entry-level housing is needed too (older adults move out so families can move in) - Jordan Towers is in a great location! Walkable, groceries, pharmacy, churches, green space on civic mall; complete streets policy has really helped things	- bus is terrible - takes 45 mins to go to target 3mi away - MCHS is too far by bus, but there is a group that finds rides for them	- Prosperous economy/community - lots of people commute into Red Wing for jobs -- and would probably be interested in living in RW if we had housing for them - Lots of pop growth in SE MN Coming - Low birth rate, so lots of immigration (where will they live?)	- Meth/smoking is a problem - people in RW recognize that they need more housing and that they need to change (10-15 years ago, maybe not)	Housing, Social Isolation		
4	Jordan Towers Resident	- a resident committed suicide and there was no communication from HRA - No info in newsletter about suicide prevention, hotline, no posters, no info at all. - No grief counseling after deaths in living center - Don't address deaths at all.	- Residents are aware of each others mental health struggles - some residents try to advocate for each other. - Older men especially, are more private about mental health struggles and can be intolerant of other's mental health struggles	- Couldn't get to appointments b/c of winter weather and lack of shoveling - Expensive grocery store is all that is nearby, they are in a food desert - Therapist next door - recommended by HRA - Several go to him and love him (Dr. Mcbeth) afraid of his retirement. - Many don't know where to go for mental health - ACERA comes to help w/mends other physical needs.	- Happy gardening at parent's farm - Yoga at center is new, chair yoga, it is very popular, wish it was more often than once a week. - Many don't feel comfortable within the facility outside of their own apartments. - Red Wing has grown, and fewer people know each other, are more isolated. - Many moved from cities to Red Wing - feel safe/social at free music at park, lots of residents go - Redwing has several parks - levy park is pretty - The YMCA is 20 a month for low income residents - Beautiful gardens at the center but only cared for by 1 person. - Can adopt a garden downtown - Many have pets here, good therapy - Wet house has helped, AA is available but	- Most people walk, few own cars - Bus stop out front to get to work - ProAK employs many of disabled here (ProAK Shuttle) - Bus takes long route (more than an hour). Drops you off in middle of nowhere. - Want rides to grocery store, ie walmart thru, target, lvs, etc - Hiawatha transport Dial a Ride...no wheelchair accessibility - low ridership	- A lot of poverty - Can't afford entertainment/events like the plays many folks go see - Can pretty much only afford basic needs - Affects community a great deal - disability is not nearly enough - Hard to get out of building	- Moved to be closer to familie - Business degree from UMN-Duluth - Grew up in Red Wing - Came back from San Francisco to care for mother - Positive health - Being supportive of one another - Spending time together - A lot of decisions made for residents, even the movies they watch - feel better in summer - More activities need to be planned by resident council, got funding & support from HRA for improvements - Some seniors resent having younger people here - Bad intersection in front of - Population is more diverse - AIAN, Hispanic - Native American population - better relationship, but still discrimination - But, don't provide materials in spanish at Make it Ok - Reaching the whole pop is difficult -- POC/low-income - Still working on getting into other communities - Where are Make it ok events hosted? accessible/comfortable location? - MHI issues -- anxiety (all ages); borderline personality; meth use/chemical dependency			
5	Public Health Practitioner	N/A	- Make it Ok Goodhue County = Anti-stigma campaign - combination of mental health struggles - Youth seem to have less stigma - talk about mental health more - "Retrain your own brain" - Self evaluation on stigma - people aren't comfortable with that	- where do people go - not knowing where to start - Wait times - Getting overwhelmed after seeking help, especially when people don't have strong social networks - What if you don't connect with provider? Not enough options Cycle: Not knowing --> Stigma --> Lack of care --> Mental illness gets worse	- Community is supportive - provider base is growing - Happy place: climbing bluffs with kids -- lots of great parks, but not all people have access -	How do people get to appts?	- Costs are high even if you have insurance - Affordable housing - Expenses today are different: phones, internet - "Haves and have nots" are getting worse - disappearing middle class - Pressure to "keep up with the Joneses" - Farmers: costs when barn roof collapses -- financial stress	- Brand RV as "outdoors destination" - community traits: proximity, accessibility, community connectedness (clubs/churches) - Comp plan --> topics are all interconnected to mental health: Parks/open space, transportation (Cost/Economy), housing - HIGH Community support of the principles in the plan - Growing poverty despite stable economy (13k jobs) - "Folks with and folks without"; housing affordability - More than 1/3 of the pop doesn't drive - Equity in transportation	- Goodhue County Health and Human Services - Worked with Make it Okay Goodhue County for one year - Worked at a library for years -- library was a safe place (internet access)	- Need more providers - Need more transportation options - Foster care -- need more resources for parents and support for ppl whose children have been removed	
6	City planner	N/A	Continue to get out the message that it's okay to seek help: still stigmatized particularly among the elderly population	Very low access to service providers for mental health (see report card)	- Low-income places without parks - Development and infill in downtown - Accommodate boats better at the riverfront -- connect downtown - Old W. Main reconstruction Bike/ped bridge to riverfront over RR tracks	- promote ride-sharing (esp. non-profits) /bird scooters! - Bike share demonstration went well but was limited - e-bikes? - How to get license (For ridesharing) is complicated -- loosen regulation? - Need to do a parking study - parking is currently a barrier to redevelopment	- New houses cost ~\$300k - Mismatch btwn costs and purchasers - Municipal urban services drive up cost and are complicated to build - Haven't had new apartments built in 20 years (!) - Economy is strong but wages are down -- much of the pop is baby boomers, who are on fixed income; also, those who live downtown don't have living wage jobs, those who are high-earners live out of RW - Red Wing Ignite ***	- Planner for city of RW - 2040 Plan - 2 years of work -- "Community health" as plan: switch from physical planning to broader community health focus - Task force on each topic area - lots of people working on issues and implementing; implementation team to track progress and identify community issues - Strategies matrix for each topic area	See Strategies matrix in plan		

Identifier	Type	Communication	Stigma	Access	Place-based	Transportation	Economic	Other	Suggested Add'l Topics	Their Work	Suggested Fixes
7	Non-profit employee	-Bullying was terrible last year, Red Wing school district is trying really hard to combat bullying this year.	- There is less stigma around mental health issues with youth. In general youth are more willing to talk about mental health. - Students are going to the youth outreach center because of friends not referrals from other organizations - Youth are feeling a lot pressure to perform to societal standards, causing anxiety, people are rushed - Stigma around asking for help as a parent	- There is a big lack of mental health resources, spanning, counselors to crisis prevention staff - ER lacks crisis prevention and students who have suicidal thoughts are being traumatized when they reach out, video conference with a therapist and it is impersonal - Lack of Head Start and early childhood education is not setting youth up for success - Lack of parenting classes - ER is lacking SANE nurse, someone trained to deal with a patient who has just suffered sexual assault.	- Low amount of crime - Students feel more unsafe at school than state average - Students don't feel safe at home. - The alternative school is a great safety net for students who struggle in regular academic setting. As a result they have lower than average dropout rates - Affordable housing is a big problem, there is a huge lack. - Lack of places to go or things to do, results in increased drug and alcohol abuse - YMCA is a place where youth can go to do activities.	- Bus system is poor, takes a while to get around. - Most youth are dependent on parents for rides.	- There are lots of services for the homeless	- A few students who are experiencing crisis can really affect a whole class because other students aren't used to those behaviors - Some organizations or schools are denying alcohol and drug abuse - Suicide and Self Harm has become normalized for a lot of youth.	Suggested Fixes; Adults v. Youth; Goodhue County vs. Red Wing		
8	Public Health Practitioner	- things are happening. SROs (school resource officers) are being added. - School curriculum for social/emotional implemented - Disconnect between youth and adults with mental health, a student was diagnosed and then their parents kicked them out.	- Churches are more apt to talk about mental health issues but sometimes want to pray problems away - People are becoming more apt to talk about issues - Rural folks have a lot more issues to contend with, debt issues, people see signs and know you have to sell, lots of suicides from farmers	- Youth are dependant on their parents for insurance, services, transportation to services etc - Access to services is difficult because of confusing services, and then you need to get on 2-3 month waiting list - Certain healthcare isn't provided because insurers will not cover them and bring them into the community. - Needs to be more mental health literacy, speak the language of the community. - The ag crisis line is extremely successful because it is staffed by former farmers.		- Rural community, hard to get around, especially for seniors. - an issue of accessing the core		- Youth face anxiety, suicide and depression issues in that order - Adults face depression, suicide, anxiety in that order. - Folks binge drink more than the state average in Goodhue but they die less behind the wheel. - Police chief cracked down on underage drinking, it used to be a destination spot for underage drinking but he is changing the culture. - Meth is a huge problem, it is a leading cause for kids being placed in programs without their parents. - Opioids do kill residents of Goodhue but because they die in the Twin Cities it isn't tracked. - The county does a better job talking about positive mental health. <i>these don't want to talk</i>	- connects folks to public health services, works on a statewide anti-stigma campaign to talk about mental health.		
9	Healthcare provider	- Youth advocacy - tons of mentors, schools are excited about their programming - generational issue again -- emotional tools not getting passed from parents to children; children get services, parents not but would benefit (Try to do family work for this reason)	- parents may not seek services bc of stigma - adults have greater stigma than youth - make it okay - helping - adults sometimes decline services for kids because they don't want them to be bullied/worried abt other people finding out - insurance and insurance literacy (What will my ins cover?) is a barrier	- availability (timing for working people) - need for more services - staffing/hiring practitioners - insurance and insurance literacy (What will my ins cover?) is a barrier	- Fembrook is located btwn TC and Rochester, and people tend to want to live/work in those locations (Better pay) -- difficult to recruit staff bc of loc/pay - Positive trend: Goodhue County community organizations really center on mental health and recognize it as an issue	- Access services difficult bc of transportation - esp an issue outside of RW - Goodhue is a large county, and Red Wing is the hub; have lots of services there, and the rest of the county struggles to get to where there are services	- Loan reimbursement program for licensed staff (not available for non-licensed staff like care mgrs) -- still get paid more in TC/ROC (difficult to hire) - housing is a problem - 46% of monthly income goes to rent!	- Mental health - both wellness and illness; we have a responsibility to both, to be proactive and reactive to needs - positive: SLMH program! lots of participating kids, school is excited about it, will help with a lot of access issues (time, insurance, transportation)	N/A	- Fembrook is a family counseling center - they are in 7 counties - GC unique bc they have almost all programs running there - childrens case mgmt, home & community, SLMH (school link mental health); school-based programs - She is the admin director: lots of paperwork and quality control; also the community rep of fembrook so participates in the mental health conveners group and other comm org groups	- Need a center for adolescents with substance abuse (16+ adults) - Staffing needs are biggest problem - early childhood (birth to 6) program - prevention
10	City planner	N/A	-People are getting more aware -Feels like there is a growing network of support for suicide/depression --> SMH's are not getting as much attention	-Downtown is easier to navigate due to walkability -Likely better than other suburbs with no walkability -Sidewalks don't = walkability	-More housing and redevelopment in the downtown area --> TIF to do affordable housing in downtown -Create a vibrant area that people can navigate differently -Cost of housing is better for him in Red Wing than Rosemount -Nature is a large benefit that reduces stress	-Public transit does a fair job -Red Wing is very spread out --> even just going to Target can be a challenge	N/A	-Since Red Wing does not have a lot of growth there is more room to innovate around making life better for the community -Mental health was secondary benefit of work at LiveHealthy Red Wing, focus on Bike/FED planning -Mayo involvement was limited -- -partnership was effective --> good to have them at the table --> fairly hands off			
11	C.A.R.E. Clinic Patient		Can't talk to friends or family about mental illness					-Doesn't know good or bad mental health -Talks to stranger on street if he's having a bad mental health day -Mental health issues from his disability, gets frustrated that he can't do things -Moved here from MPLS a few -I don't know the symptoms of mental health -I had depression and didn't know Lots of family deaths - dealing with sobriety -I always thought I was strong minded but I almost drank myself to death. Almost died from alcoholism -When feeling sad: Write, paint, make jewelry, paint trees from indoors -I run with daughter in law and -Good MH: Happy, willing to be around other people -Bad MH: Not leaving house -When feeling bad: adult coloring books, watch shows on Netflix -Had a lot of anxiety since she got pregnant. Has housing but still feels anxious -Noticing that a lot of people have the same problems of depression/anxiety -Doesn't know how to set up find therapy			
12	C.A.R.E. Clinic Patient		-Brought up to be strong minded -From tribe in SD -Brought up to not think about self but about next generations -got afraid of a label -10 years ago was incarcerated. A lot of MH problems there	-Struggle with insurance off the reservation	-Likes to cruise/drive around and look at eagles						
13	C.A.R.E. Clinic Patient	Saw flyers about CARE clinic at laundromat	Now that she's older, doesn't care about labels		-Memorial Park -Doesn't know anywhere -Doesn't have family here						
14	C.A.R.E. Clinic Patient		-The reason you're messed up is because of yourself -People don't talk about it unless with doctor -People need to talk about it more and know more about programs -People put themselves in poverty more because they aren't able to work from MH issues		Mom +Psychiatrist (Mayo) +Therapist are nearby resources			-Well-being is how you think things out -If you act crazy then it's bad -Welfare gave her a referral to CARE clinic -waiting for referral was really hard -she worries about people in crisis -Her MI has helped her find stable housing, food, access to things			

Identifier	Type	Communication	Stigma	Access	Place-based	Transportation	Economic	Other	Suggested Add'l Topics	Their Work	Suggested Fixes
								Getting a pet registered. Good mental health involve normal activities without issues, bad mental health is worrying about past sins. His wife passed, was stressful, he got committed. Lived in a halfway house for a few months. AA is a possibility but he hasn't chosen it. I			
15	C.A.R.E. Clinic Patient	Can talk to their good friends about their mental health issues.	Doesn't want to be considered an alcoholic. Feels no stigma about talking about mental health.								
16	C.A.R.E. Clinic Patient	Can talk to parents and friends about mental health as well as doctors, good mental health involves taking meds and smoking weed, bad mental health is not taking meds and hurting people physically	No stigma around talking about mental health, talks with friends and family about it.								
17	C.A.R.E. Clinic Patient		I can talk with my aunt, friends and family about mental health	There are a lot of interpreters in Goodhue	When I am feeling stressed I go to the park or play soccer. I get together with family at the beach at the lake or even at Lake City			1. Sentirse bien, dolores de cabeza - Feeling good, headaches 2. Siempre Siente Bien pero cuando estoy estresado voy al parque o a jugar partido - I always feel good but when i am feeling stressed i go to the park 4. No tranquilo - No i it is tranquil 5. Hay muchos interpretes - there are a lot of interpreters 6. En el parque - in the park 7. La playa por el lago, Lake City - the beach at the lake or Lake City 8. Una Tia, con amigos y familiares - an aunt, friends and family			
18	C.A.R.E. Clinic Patient		I can't talk about mental health with my family, we just chat	Hispanic Outreach is helpful in locating resources	I feel safe in the park			1. Contenta, Depremida - Content, depressed 2. Aca en la clinica para ver la psicologa - Here in the clinic to see the psychologist 4. No 5. No 6. En el parque aca - in the park here 7. Servicio Los Hispanos, esta util - Servicio Los Hispanos, it is useful 8. No solo platico con ellos - No I just chat with them (I can't talk about mental health with them)			
19	C.A.R.E. Clinic Patient		"The only thing that raises us up is work". I can talk to my friends and family about mental health, there is a therapist here as well.	Hispanic outreach is the best!	I feel safe getting together with friends in their houses, in the park or even here at the clinic			1. Activo y feliz, deprimido y triste - Active and happy, depressed and sad 2. Psicologo, medicamentos - Seeing a psychologist and taking medicine 4. No. El unico que nos aumenta es lo trabajo - No the only thing that raises us up is work 5. No - No 6. Casas de amigos, parque, aca en la clinica - Friends houses, the park, here in the clinic 7. Servicio Los Hispanos, esta mejor - Servicio Los Hispanos, it is better 8. Si se puede hablar con ellos, y tambien hay terapeuta aca - Yeah I can talk with friends and family and they have a therapist here in the clinic			
20	C.A.R.E. Clinic Patient				I get preoccupied about migration officers, I worry for the situation in my country, their they kill you for nothing, it is ugly and hard ther			1. Ser feliz, seguro de si mismo, satisfecho, seria loca, agresividad, depresión - To be happy, assure of yourself, satisfied, bad mental health is feeling crazy, aggressive or depression 2. Arriba con dios si confies - above with god if you believe 3. Voy a la iglesia, canto en casa - I go to church, I sing at home in my house 4. Preocupada por la migra, estoy preocupado por la situacion in mi pais, alli se mata por nada, es feo y duro - I get preoccupied about migration officers, I worry for the situation in my country, their they kill you for nothing, it is ugly and hard there. 5. No hace falta - no need at this point she got called to go to the doctor			
21	Healthcare provider		obesity, a lot of shame.	<ul style="list-style-type: none">- There is a lack of beds in MPLS and rochester for acute care- Sees clients every week or every other week- Special care is out of pocket and mostly sees wealthier patients- MCHS is fairly supportive of offering free services for marketing purposes, there is a lot of bottom line focus- Not enough MH prescribers, none for teens and kids...would have to drive to Rochester- They have to teleconference during mental health crisis because local hospital does not- More providers needed and resources for substance abuse treatment, SMD, older, Young Patients- Shortage of Psychiatrists graduating locally (Weak pool)- Private practice providers, few can get reimbursed by insurance- Could have 2-3 more providers and 1 or 2 more prescribers- The tall hill deters patients- Very expensive services and most patients pay out of pocket	<ul style="list-style-type: none">- y gives scholarships- not enough affordable, safe, clean, housing	During mental health crisis it is common for law enforcement to transport youth to health care facilities that are very far away, often in handcuffs, further traumatizing the individuals.	Many levels of poverty Healthy food inaccessible because of high rent.	<ul style="list-style-type: none">- Increase in Depression and Anxiety- increase in bipolar diagnosis - could be due to ppl dealing with increasingly unstable and chaotic world- Strong LGBT community in RW- over 100 non profits, strong social activism- More ethnic diversity, Hispanic and NA populations- 13rd over 65- many on govt care	<p>Positive trends</p> <ul style="list-style-type: none">- Increased collaboration by service providers for MH and WB- Resource list connects ppl to services- New Providers bringin creativity to areaSupportive community- Donors Support initiatives-Diversity festival <p>Negative</p> <ul style="list-style-type: none">- Drugs - high amount of meth, mj, alcohol use- perception that vaping is healthier alternative <p>If money was no object.</p> <ul style="list-style-type: none">- Would create a green space with lessons on food health and buying. <p>-Free message and healing touch</p> <ul style="list-style-type: none">- a place where all these services were available- More providers and resources- More group therapy (hardly any now)	- From Redwing, masters in counseling, particularly eating disorders with a	

Identifier	Type	Communication	Stigma	Access	Place-based	Transportation	Economic	Other	Suggested Add'l Topics	Their Work	Suggested Fixes
	Healthcare 22 provider		<p>What are some positive mental health tri</p> <p>None, I try to push the make it ok campa</p> <p>Do you think there is a stigma to talking a</p> <p>Yes, it depends where folks are from, wh</p> <p>A therapist tried to organize an anti men</p> <p>Are drugs and alcohol use high among yo</p> <p>Hard to tell, folks are more secretive and</p>	<p>SSN, lack of documentation, no help unless you are deing. Income has to be incredibly low to qualify for benefits. A family we work with can't work any more than they do or they will lose benefits for their disabled child. There are folks who have been here for years who have yet to go to the doctor.</p>	<p>Are there common places that the Hispanic community can gather in Goodhue and have a sense of community?</p> <p>For men, soccer fields. For the greater community it is church. There is are two spanish speaking churches here. This is where we do the majority of our programming or engagement. Folks won't come out for things, you need to go where they are at.</p>					<p>Can you tell us about your work and how it connects to health and well-being?</p> <p>Main reason people come in are for basic needs services. We provide interpreting and translation for hispanic community to go to dentist, police, court, connecting people to passports etc gift cards for food, help people navigate letters from school and what is important. Our most common service is translating birth certificates to english. We offer bilingual family therapy and it is fairly popular. the other half of what we do is after school tutoring and mentoring. We also provide workshops for parents. We held forums for safety concerns when Trump took power. We held two.</p>	<p>community center for the winter and some more advertising for their services</p>

Appendix C



MAYO CLINIC
HEALTH SYSTEM



MCHS Capstone Focus Group

Todd Austin • PeggySue Imihy
Meaghan McSorley • Erik Thompson

Who are we?



- Urban Planning Masters Students
- Student capstone project in partnership with MCHS
- Goodhue County Mental Health Needs Assessment
- Why Goodhue? Because you're already taking great steps!
- Following up on meetings with several members of Red Wing and Goodhue communities

Project Description

The Mayo Clinic Health System (MCHS) is due to complete a Community Health Needs Assessment (CHNA) in southeastern Minnesota. **To assist them we are contributing to the CHNA in Goodhue County by focusing on mental health.**

Our goal: To use our understanding of community engagement practices, the built environment, and demographic and policy analysis from urban planning to provide input for the 2019 CHNA and offer recommendations for the implementation plan of the CHNA.

What unique mental health challenges does Goodhue County face, and why? What can be done to address these challenges?

What have we done so far?

- **8** stakeholder conversations with...
 - Healthcare Providers
 - Public Health Practitioners
 - City Planners
 - Nonprofits Addressing Mental Health
- **15** Intercept interviews at Jordan Towers (5) and the C.A.R.E. Clinic (10)
- Additional visits, data analysis, and research

What are we doing today?

- Share what we heard from our conversations and get your feedback on:
 - Does what we share about what we've heard ring true to you?
 - Recommendations we've developed
- We'll share engagement in the form of personas - fictional individuals based on statistics, research, and narratives we heard from conversations
- We will pause and ask for your thoughts, **but please also interrupt us!**

Key Statistics

By 8th grade, 15% of the female population is reporting that they have been treated for a mental health problem in the last year. By 11th grade, it's 18% (in 9th grade it's still 15%).

Teen birth rate is 17%
overall, but is **42% for hispanic women.**

190 suicides
per 10,000 population for
10- to 19-year-olds.

P.2 Key Statistics

Farmers are 5x more likely to die by suicide than other professions

Farmers older than 65 outnumber farmers younger than 35 by a margin of **six to one.**

More than a quarter of men in rural areas reported that they socialized with others **less than once a month**

Top U.S. performers have 1 provider for every 360 residents. **Goodhue County has 1 provider for every 1,080 residents** (from report card)

Noncitizens are significantly more likely than citizens to be uninsured.

Engagement Personas

Persona Methods

- We distilled the information we heard from interviews and statistics into five personas which represent a population in Goodhue County
- These personas echo the stakeholders we identified before we began interviewing, which for us meant that we had correctly identified populations with significant mental health needs
- While each persona has a specific story (which we made up), they are fictional characters who encompass the issues of that population group

Questions to Consider

Do these sound like people in your community?

Have we captured the most important core issues for each persona?

How would you begin to address some of their core issues?



Frank

71 years old



Zumbrota, MN



Farmer



White



Frank's Core Issues

- ❖ **Stigma and Isolation:** Frank is isolated and lonely especially after the suicide of another farmer and mental health has too much stigma for him to ever talk to anyone about it, including his sons.
- ❖ **Lack of Providers and Resources:** His son tried to get him help, but there weren't any providers even if Frank had agreed. Frank also doesn't have internet, so telehealth options aren't available to him.
- ❖ **Finances:** There are too many aspects of Frank's life that depend on farming for him to move away, particularly his income, given all of the expenses he never planned for.



Rosalina

41 years old ● Red Wing, MN ● 2 kids ● Latinx
Speaks Only Spanish ● Undocumented



Rosalina's Core Issues

- ❖ **External Stressors:** Spends a lot of time worrying about different issues like violence in her home country, immigration officers and her children.
- ❖ **Language Translation:** Because she doesn't speak English she has a hard time navigating the healthcare system, she doesn't have insurance, and seeking care for herself and her family can be really challenging.
- ❖ **Cultural Barriers:** She wants to stop worrying so much, but in her culture, people don't seek care for mental health issues.



Abbie

15 years old ● Red Wing High School ● 9th Grade ● White



Abbie's Core Issues

- ❖ **Family Mental Health:** Her family never talks about mental health so Abbie doesn't know how they might respond to the challenges she's facing. Abbi's family has their own issues that she can see they aren't addressing which leaves her feeling helpless.
- ❖ **Parents affecting access:** Despite talking openly about mental health with her friends, Abbie's inability to address her problems with her parents means she isn't receiving the best care she could get.
- ❖ **Future in Red Wing:** Abbie and her friends feel bored and lack things to do, and it makes her anxious about what kind of future she might have there.



Robert

54 years old • Red Wing, MN • Truck Driver • White
Disabled Wife



Robert's Core Issues

- ❖ **Finding a MH care provider:** Knows he has mental health concerns and takes steps to deal with this by seeing a therapist, but now that the therapist is moving he doesn't know what steps to take to find a new one.
- ❖ **Access to active places:** Misses active time in Red Wing with his wife since her injury.
- ❖ **Affordable Housing:** He has stress and anxiety about finances with his wife is on a fixed income and if they get evicted there wouldn't be another affordable place for him to live in Red Wing.
- ❖ **Accessible Transportation:** Worries about transportation options for his wife when he is not there to help her.



Karen

Mental Health Care Provider ● Downtown Red Wing ● White



Karen's Core Issues

- ❖ **Care Provider Shortage:** The provider shortage in Goodhue County makes Karen feel trapped in her career.
- ❖ **Systemic and Place-based Issues:** Karen feels powerless to solve problems with systemic causes (Social Isolation, Housing, Transportation, Health Insurance, etc.)
- ❖ **Distance to Crisis Care:** The lack of crisis services available in Goodhue County forces patients to travel long distances to meet their mental health needs and sometimes it causes new trauma in the process.

Discussion Questions

Do these sound like people in your community?

Have we captured the most important core issues for each persona?

How would you begin to address some of their core issues?

Are there *significant* mental health issues that we overlooked?



Recommendations

Reminder

While MCHS is our partner, our recommendations span organizations and MCHS is not always the primary responsible party.

MCHS is also **not responsible** for taking action on any of these recommendations. They will consider them, but these are primarily for our project.

Our student capstone group has developed these recommendations based on preliminary research and engagement and are **incomplete**. Your feedback and suggestions are valuable. They will be used to strengthen these ideas and include new ideas in our final report for the CHNA.

Keep in Mind: Goodhue County Assets

- ❖ **Make it Okay Goodhue County** has genuinely helped reduce stigma for people like **Robert**
- ❖ **Fernbrook Family Center** has bridged **Abbie's** biggest gap at Red Wing High School this year with the School Link Mental Health program
- ❖ The **C.A.R.E. Clinic** has done an excellent job of helping **Rosalina** with many of her existing health concerns
- ❖ The work of the **Mental Health Coalition** in Goodhue makes **Karen** feel less alone and optimistic about her profession
- ❖ **Frank** has a magnet on his fridge for the **Minnesota Farm & Rural Helpline**, and he knows he could call them if he needed to

Recommendations

- ❖ Invest in Community Gathering Spaces
- ❖ Partner more strongly with existing community organizations
- ❖ Develop life-span and culturally competent programming
- ❖ Leverage Mayo's brand with advocacy work
- ❖ Consider piloting creative care offerings

Invest in Community Gathering Spaces

Invest in community gathering spaces and programming, as well as making these spaces more accessible. This includes parks, trails and sidewalks, community gardens, indoor community center/spaces, soccer field, etc.

Who Makes it Happen?



*Provides support
(Space, funds,
engagement?)*

Who Benefits?



**Activities and
Future in Red Wing**



**Access to active
places**



Children



Isolation

Questions? Comments?

Partner More Strongly with Existing Community Organizations

Strengthen partnerships and care by sharing resources to community orgs. This includes providing funding or staff connections, training for mental health crises, and better integrating existing community services into care workflows (e.g., primary care). Cross-promote events on social media between orgs and Mayo.

Who Makes it Happen?



+

Community Organizations
i.e.



Make It .org



Who Benefits?



**Offer more solutions
to clients' needs**



**Access culturally
connected services**



**Isolation and lack
of nearby services**

Questions? Comments?

Develop Life-Span and Culturally-Competent Programming

- ❖ In partnership with Make it Okay Goodhue County, develop life-span social/emotional programming for adults to support school curriculums. Parenting classes, adult education around social/emotional skills, etc.
- ❖ Work with them to provide materials, services, and conduct community conversations in a culturally-competent way with the Hispanic Population.

Who Makes it Happen?



Make It .org

Who Benefits?



Parents'
unresolved issues



Access culturally
connected, Spanish
language services

Questions? Comments?

Leverage Mayo's Brand with Advocacy Work

Lobby for policies which help communities like Red Wing. Examples include affordable housing; Medicaid coverage of mental health benefit. Telehealth coverage.

Who Makes it Happen?



Who Benefits?



Systemic and place-based issues



Housing options



More reliable, cheaper internet for Tele-health

Questions? Comments?

Consider Piloting Creative Care Offerings

Examples:

- ❖ Consider having a psychiatrist drive up from Rochester once a month to manage medications in partnership with existing therapists.
- ❖ Work to hire a SANE RN for emergency room.
- ❖ Work with EMS and Police to establish a crisis team for better handling mental health emergencies.
- ❖ Work to integrate teletherapy earlier in the process

Who Makes it Happen?



+

Community Organizations



Who Benefits?



Care through school



Therapist options



Better support



Monthly access to care in Red Wing

Questions? Comments?

Discussion Questions

Do these work? How would you change them? Why don't they work?

Are there specific activities you'd like to see as a part of these recommendations?

Do you have stories about how these would/wouldn't work? What would you add?

Personas

MCHS Capstone Focus Group

April 18, 2019

Frank - Farmer



Frank (71) has been a farmer his whole life. His farm is located north of Zumbrota off 52 and has been in his family since the 1800s. Frank learned to farm from his father and grandfather. He always thought he'd pass the farm on to his children but both his sons decided to move into bigger cities and choose different careers. A few years ago, Frank's wife got sick and passed away, so Frank spends much of his time alone on his 60 acres of land. He'd like to retire and maybe downsize to a smaller house, but he can't imagine giving up the farm and he doesn't think he has enough money to quit working.

Frank wouldn't say he's lonely if you asked him. He doesn't even feel like he can tell his boys that he'd like to see them more. Frank doesn't have many friends, especially since his closest neighbor Al committed suicide after he couldn't find a buyer for his milk and was going to lose the farm. Al isn't the only farmer Frank knows that has committed suicide, but the only time people talk about that kind of stuff is when people gossip. Ben, one of Frank's sons, wanted him to talk to someone about losing Al, but Frank was against it. Ben was frustrated by his father's lack of interest in getting counseling, but when he researched therapists he realized the closest one was more than an hour away and wasn't taking patients. With those obstacles, Ben gave up on trying to push his dad to seek help.

Frank finds solace walking the farm with his black lab, Ranger, and staying active when his mind feels restless. After years on the farm, he's in good shape for his age and hasn't had any physical health problems.

Frank's farm has always done pretty well. He's never been too stressed about money, but these days things feel tighter and tighter. The barns are older and need repairs, farm equipment is expensive, and crops just sell for less. Plus, Frank has to deal with new expenses he never planned for like having a cell phone or the internet. Frank skipped out purchasing internet though, it's not very reliable and he doesn't feel like he has a need for it anyway.

Rosalina - Latinx



Rosalina (41) is a mother of two and is happily married in downtown Red Wing. She immigrated from Mexico with her husband 15 years ago. Rosalina and her husband are trying hard to make ends meet, they each work two jobs but they make less than native-born locals for comparable work. Rosalina is resilient, she enjoys gardening and music. She believes that hard work and faith are the only things that can help you overcome your problems.

Rosalina is a bit of a worrier. She worries about healthcare. She isn't a citizen so she can't buy insurance through the Affordable Care Act, Rosalina and her husband work under the table so they don't get insurance through their jobs either. She doesn't understand the US healthcare system and relies on word of mouth from friends at church for services as well as Hispanic Outreach or, as it is commonly known, Servicios a Los Hispanos.

Rosalina also worries about her children. She is close with her kids, but as they are entering their teens she understands their culture less and less. They speak more English than she does, and they are ashamed to speak Spanish in public. Her daughter is dating and she worries that her daughter will become pregnant and drop out of school like some of the other girls in her neighborhood.

Finally, Rosalina worries about migration officers. She and her husband are not US citizens, but their children are. She and her husband can't obtain drivers licenses but they need to drive to get to work. If they are caught and sent back to Mexico, they could face violence while leaving their children alone in the US. Rosalina would like to spend less time worrying but she doesn't think this is something you would see a doctor for.

Abbie - Youth



Abbie (15) is a 9th Grader at Red Wing High School. She lives with her younger brother and her parents, who are married. Both of her parents have good jobs at the Red Wing Shoe Factory and own a home outside of Downtown. They are loving parents but struggle with emotional issues and don't recognize that Abbie has her own.

Abbie has a tight-knit group of girlfriends that she has known since she was very young. They don't drink or do drugs but know people that do. They lost a close friend to suicide the year before while they were still in middle school, and have all been struggling with depression since then. Abbie is comfortable talking about her mental health with her friends but sometimes feels like all they do is complain to one and other. Abbie is also very anxious because she doesn't see anyone around her with a life she wants - she only sees these people on TV, in far away places.

She visits the school counselor regularly, but the counselor has suggested she seek more treatment, perhaps at Fernbrook. She would like to seek this treatment but doesn't know how to begin, and is afraid to tell her parents. Her parents don't know that she has been seeing the counselor, and she is desperate to keep it from them. She has heard stories of people getting kicked out of their homes because they sought treatment for mental health issues. While she doesn't think that her parents would do that, she is still afraid to broach the topic with them. She can see that they don't understand their own mental health needs, and she can't imagine that they would encourage her to get more support for hers. Anytime she has brought up feeling lonely or bored, they just push her to be more involved with sports and activities at school.

Robert - Older Resident



Robert (54) is a truck driver living in downtown Red Wing with his wife. They don't have any kids, but Robert has found himself caring for his wife after a car accident left her in a wheelchair. His income is decent, but their combined income is now much lower after she was forced to retire. If they could no longer afford to rent in their current home, Robert is not sure they could continue to live in Red Wing with the lack of affordable housing options. He knows he could stay with friends and family, but having stable housing is important to them.

Before the accident, Robert and his wife enjoyed walking to Memorial Park along the river and attending events there. This is difficult now due to sidewalk conditions, especially in the winter when it is icy outside. His job also takes him away from his wife, sometimes for several days. Buses pick up nearby but destinations like Target take so long to get to that she feels isolated. Hiawathaland's Dial-a-Ride could be helpful but it doesn't have wheelchair accessibility. Robert worries about her feeling isolated and depressed.

Robert has done the best he can to take care of himself as his responsibilities have increased. He sees a therapist every other week to deal with his stress and anxiety. This would not have seemed like an option to him just a few years ago, but he views stigma and the need to seek early treatment differently after attending a few Make it OK Goodhue community conversations. Unfortunately, his care provider will be moving away in a few months. Robert is aware of his mental health concerns, but he doesn't have any information about where to go from here.

Karen - Mental Health Provider



Karen stares at her degree on the wall of her office in Downtown Red Wing. When she placed it in the ornate frame she was much more optimistic about what her career as a therapist would be like. She imagined changing lives with every counseling session - the aspirations of a 20-something. Now after practicing just a few years, she feels disillusioned with her career choice. Her clients' problems are so much more complicated than just feeling sad, and so many of them she can't solve through talk therapy. Some days she feels so down she thinks of quitting, but then she remembers the shortage of providers in the area and feels it's her responsibility to stay in practice.

Karen sees patients of all kinds. Well, not all kinds - Karen's clinic only takes patients with a few specific kinds of insurance. She can hear the receptionist each day, turning away patients who don't have the right kind of insurance, because they don't take Medicare/Medicaid, or turning away patients because there isn't availability. A provider is retiring at the end of the year, and Karen can't help but worry about the workload and who will care for his patients after he's gone.

Therapists and counselors aren't the only shortages that make Karen worry. She worries about her patients who have to drive down to Rochester to see a Psychiatrist because there aren't any closer to Red Wing. *"What if it makes them just stop taking their meds, we've made so much progress."* Karen still tears up when she thinks about the little girl she had to have transported to the hospital via police car in handcuffs during a mental health crisis. There were simply no other resources available in Red Wing.

Lack of resources in every way seems to be what it boils down to these days. Even though the economy in Red Wing is good, people still seem to struggle with social isolation, economic stressors, and other mental health needs outside of her scope of practice. Karen feels trapped and worries that what she does will never be enough to solve all the problems her patients have.

Appendix D: Additional Needs Identified

In addition to the needs addressed in the personas and recommendations above, the following needs were also identified through engagement. These needs were typically related to patient care, and so did not have a place in the CHNA. They are offered here for the sake of transparency, and to give MCHS an opportunity to consider solutions which help ameliorate these needs as a part of other care improvement work.

- Hire a SANE nurse for Red Wing's ER
- Provider shortage recommendations (e.g., make sure everyone is practicing to the top of their licensure, have people visit from Rochester to do intakes/medication mgmt, and then do remote visits in between)
 - Psychiatrist Dr. Mcbeth is well loved but he will retire soon
- Mental Health Crisis care team - emergency responder team for mental health
- Transportation to Rochester → alternatives to police cars?
- Telehealth implemented earlier in the care process so they aren't seeing telehealth in the ER for the first time
- When a resident dies in Jordan towers there is no mourning and no grief counseling, there isn't even notice from management, it is as if the person just disappears and never existed there.
- There is very little information posted in Jordan towers about suicide prevention, not even the hotline.
- Bullying has been really problematic in the past, the school system is really trying to combat it this year.
- A lot of therapists are private and don't accept Medicare/Medicaid
- A distinct lack of parenting classes
- Many services are not provided for or are underprovided because insurers won't back them to come into the community.
- There are a lack of beds in MPLS and Rochester for acute care
- Not enough MH prescribers (Psychologists) and there aren't any in for teens and children in the area, they need to drive Rochester.
- There is a shortage of psychiatrists graduating locally (weak pool)
- Often times your income has to be incredibly low to qualify for benefits which prevents people in poverty from working as much as they could.
- There is a lack of homeless shelters in rural MN.
- Parking is currently a barrier to redevelopment
- Huge lack of daycare providers drives up the price and folks are on waiting lists for up to 12 months, some parents who can't get daycare quit their jobs.
- Meth is a huge problem, it is a leading cause for kids being placed in programs without their parents.
- Opioids do kill residents of Goodhue but because they die in the Twin Cities it isn't tracked.

Appendix E: Additional Resources

In the course of the project, the team came across several resources that the team felt were important for MCHS to be aware of, in order to support future work like this. This appendix includes both resources mentioned in the recommendations above, as well as additional resources that the team felt were important to include even though they did not make it into the formal recommendations.

1. 211 Counts in MN: <https://mn.211counts.org/> 211 collects large amounts of data from callers and this can be disaggregated to county and even city numbers.
2. Men's Sheds Information: <http://usmenssheds.org/locations/#>
3. Example Fotonovela: <http://sandiego.camhsa.org/fotonovela.aspx> This is an example of a mental health fotonovela used in San Diego County California.
4. Fotonovela Help: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3071859/> A mix between an academic paper and a direct how-to on creating a Fotonovela
5. U.S. Ag Centers Mental Health Awareness Campaign: Promotional Toolkit: <https://gpcah.public-health.uiowa.edu/wp-content/uploads/2019/04/Mental-Health-Campaign-Kit-2019-1.pdf>
6. CDC Transportation Health Impact Assessment Toolkit: https://www.cdc.gov/healthyplaces/transportation/HIA_toolkit.htm
7. Social Needs Health Assessment Toolkit:
8. <https://www.ruralhealthinfo.org/toolkits/mental-health>
9. Free online tool to assist hospitals in conducting CHNAs: <https://www.communitycommons.org/chna/>
10. Additional CHNA tools that the CDC suggests: <https://www.cdc.gov/chinav/resources/additional/index.html>
11. Intervention database: <https://www.cdc.gov/chinav/database/index.html>
12. Forecast Public Art APA Course on the intersection between public art, public health and planning: <https://forecast-ed.forecastpublicart.org/courses/healthycommunities/>